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		nerator's Name and Mailir 7 W JACKSON		EPA/ PORTAGE	CREEK ALLIE								
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	6. Tra	rator's Phone: Insporter 1 Company Nam							U.S. EPA ID N	lumber /	AIKI;	163991	1084
		8 & C Transport		474	084				U.S. EPA ID N		94-399	100	01
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	4	signated Facility Name an 19350 N 1-94 SE BELLEVILLE, N	ERVICE DE	WAYNE DISP	OSAL, INC				U.S. EPA ID N	048 0	00 633 00 633	48 090	633
	Line were		0) 592-548	9					1 MH	(न भ	,397	684	-
	9a. HM	9b. U.S. DOT Description		r Shipping Name, Hazard Cla	ass, ID Number,		10. Contair		11. Total Quantity	12. Unit Wt./Vol.	13.	Waste Codes	
1	X	1. RQ, UN3432, F		d biphenyls, solid, mb	dure, 9, PGII, (PCB), ERG	No.	Type	170000	W.7001.	PCB1		
GENERATOR		#171							45,360				
NER		2.											
19													
	Philips Philips	3.											
		4.											
						1000							
	1 Uni	pecial Handling Instruction 1114097WDI / PCB que Container ID#, rage Start Date:	TSCA	0151									
		marked and labeled/placar Exporter, I certify that the	rded, and are in all contents of this con	ON: I hereby declare that the respects in proper condition signment conform to the terr t identified in 40 CFR 262.27	for transport according to ap ns of the attached EPA Ackr	pplicable international policable international polica	ational and national and formation of the consent.	onal governr	nental regulations.	pping name If export sh	e, and are clas ipment and I	ssified, packa am the Prima	ged, ry
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	ac	teal weigh	H 403a	IKO OKDER	mark Down	M W Man	ifest Reference	Number:	66114117				
F	18b. A	Alternate Facility (or Gener	rator)	, ,					U.S. EPA ID N	lumber			
FACI	Facilit	ry's Phone:							1				
E		Signature of Alternate Facil	ility (or Generator)	New York Control							Mo	onth Day	Year
GNA	10.11												
DESIGNATED FACILITY	19. H		lanagement Method	Codes (i.e., codes for hazar	dous waste treatment, disp	osal, and recyc 3.	ling systems)		4.				
1		PCB	1										
			or Operator: Certific	ation of receipt of hazardous			as noted in Item	18a	1			nth D	V-
	Fillite	d/Typed Name	1es)	woe	1	Signature	/ (/			Mo	onth Day	Year / R
EPA	Form	8700-22 (Rev. 3-05) F	Previous editions	are obsolete.			-		DESIGNATI	ED FAC	ILITY TO	O GENE	RATOR

This certificate is to verify the wastes identified as
and specified on Manifest #O10588952 751c, Line Item has been landfilled on
, in accordance with all local, state and federal regulations by:
Wayne Disposal, Inc.
(EPA I.D. # MID048090633)
49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. A to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.
Authorized Signature:



Please print or type. (Form designed for use on elite (12-pitch) typewriter Form Approved, OMB No. 2050-0039 4. Manifest Tracking Number 1. Generator ID Number 2. Page 1 of [3. Emergency Response Phone UNIFORM HAZARDOUS (513) 265-8875 MID 006 007 308 010588955 **WASTE MANIFEST** 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER KALAMAZOO, MI 49001 CHICAGO, IL 60604 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number - EPAID Number - MIK 126 399 S & C Transport 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC U.S. EPA ID Number MID 0 48 090 613 AND CIRA 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 9a. 13. Waste Codes and Packing Group (if any)) НМ Wt./Vol. Туре RQ, UN3432, Polycritoralizated piphenyis, solid, mixture, 9, PGH, (PCB), ERG #171 GENERATOR 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contaminated Soil
Unique Container IDO: TS(H 015 4
Storage Start Date: \$ 77113 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year Month Day Cirain Lomas 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Month Dāv Year inted/Typed Name Signature Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Туре Residue Partial Rejection Full Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name, Signature

This certificate is to	erify the wastes identified as	
and specified on	Manifest #OLOS88 955 John, Line Item	has been landfilled on
	5, 2015 in accordance with all local, state and fe	
	Wayne Disposal, Inc	\mathcal{C} .
	(EPA I.D. # MID048090633)	
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)	
1001 and 15 U.S.C. 2615), I to the identified section(s) of	Ities of law for the making or submission of false or fraudulent sertify that the information contained in or accompanying this document for which I cannot personally verify truth and accept for the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions makes the service of the persons who are acting under my direct instructions are acting the service of the persons who are acting the service of the persons who are acting under my direct instructions are acting the service of the service of the persons who are acting the service of the se	nment is true, accurate and complete. As turacy. I certify as the company official



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Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number (513) 265-8875 0105889 MID 006 007 306 WASTE MANIFEST USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER KALAMAZOO, MI 49001 CHICAGO, IL 60604 Generator's Phone: U.S. EPAID Number 11K 13639768 4 6. Transporter 1 Company Name S & C Transport 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC 49350 N I-94 SERVICE DRIVE TMID 048 080 633 BELLEVILLE, MI 48111 MID 048 090 633 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 13. Waste Codes and Packing Group (if any)) Wt./Vol. нм Nο Type RQ, UN3432, Polychlorinated bipherivis, solid, modure, 9, PGH, (PCB), ERG CO #171 14. Special Handling Instructions and Additional Information
1. J1140974VDI / PCB contamnated Soil
Unique Container ID#: TSCH - 0156 Storage Start Date: 5/7/ GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. certify that the waste minimization statement identified in 40 CFR 262:27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Month Year Generator's/Offeror's Printed/Typed Name 05 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Day Transporter LPfinted/Typed Name Year کە 13406 Transporter 2 Printed/Typed Nam 18. Discrepancy 18a. Discrepancy Indication Space __ Residue Partial Rejection Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone Month Day 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature

This certificate is to verify the was	tes identified as	PCB 5.1.J	
and specified on Manifest #	010588957 JUL	, Line Item	has been landfilled on
My 16 , 2013	in accordance with all	ocal, state and fede	ral regulations by:
Way	yne Dispo	sal, Inc	•
	(EPA I.D. # MID048		
49350	N. I-94 Service Drive, Bellev Telephone: 1-800-KWALITY Fax: 1-800-KWALFAX ((592-5489)	
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the into the identified section(s) of this document having supervisory responsibility for the person	nformation contained in or acc for which I cannot personally	ompanying this docum verify truth and accur	ent is true, accurate and complete. As acy. I certify as the company official
	who who		
Authorized Signature:			



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Form Approved. OMB No. 2050-0039

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11		nerator's Name and Mailing	Address US	EPA/ PORTA	AGE CREEK	ALLIED	Generato	r's Site Address ((if different th	an mailing addres	s)	17.7	<u> </u>	
	C	7 W JACKSON CHICAGO, IL 60				· 1		OCKBRII NLAMAZO		/E TO KAL 19001	_AMAZ	200 RIV	ÆR	
	6. Tra	rator's Phone: nsporter 1 Company Name 5 & C Transport				<u>. </u>			<u> </u>	U.S. EPA ID N	umber M	1 ሩ!	379 k	8 4
Ш		nsporter 2 Company Name			· · ·		•			U.S. EPA ID N				
Ш	8 Des	signated Facility Name and	Site Address	MANNER	ICDOCAL IN	<u></u>		<u> </u>	:	U.S. EPAID N	iimher h.1		7 7000	
	4	9350 N I-94 SE	RVICE DR	SIVE	IOPUSAL, IN					U.S. EPA ID N	048 0	99 633	010	633
		ELLEVILLE, M y's Phone: (800)	1 48111 0) 592-548	9		<u></u>				MHK	1316	3000	44	
	9a. HM	9b. U.S. DOT Descriptio and Packing Group (if a		r Shipping Name, Haz	ard Class, ID Number,		-	10. Contain No.	ers Type	11. Total Quantity	12. Unit Wt./Vol.	13.	Naste Code	ıs
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D FA		y's Phone: lignature of Alternate Facili	ty (or Generator)	3.2						1		Mo	nth Day	y Year
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<u>ا</u> ۵		PCB	<u> </u>				· 		· ·					
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This certificate is to verify the was	tes identified as	PCB S.I.J	<u> </u>
and specified on Manifest #	010588956 DIK	, Line Item	has been landfilled on
my 16 , 2013	_ in accordance with all	l local, state and fede	eral regulations by:
Way	ne Dispo	sal, Inc	•
	(EPA I.D. # MID04	8090633)	
	N. I-94 Service Drive, Belle Telephone: 1-800-KWALF Fax: 1-800-KWALFAX	ΓΥ (592-5489)	
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the in to the identified section(s) of this document f having supervisory responsibility for the personal content of the personal conte	formation contained in or actor which I cannot personal!	ecompanying this docum ly verify truth and accur	ent is true, accurate and complete. As racy. I certify as the company official
is true accurate and complete	who ph wh		
Authorized Signature:	·		



Ple	asé	print or type. (Form	design	ed for use on elit	te (12-pitch) typewr	iter.)	•	•						OMB No	2050-0039
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Ш	6.	Transporter 1 Compar					•		 , <u>.</u>		U.S. EPAID N	lumber A	111519	639	9684
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	8.	Designated Facility Na 49350 N I-9 BELLEVILL	4 SE	RVICE DR	WAYNE DIS IVE	SPOSAL, IN	IC .					048-0	98 633	_	633
П	Fa	acility's Phone:	<u> </u>) 592-5489			· · · · · ·				// ////		-399 t	50 1	
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¥,		I certify that the was	ste minin	nization statement i	ignment conform to the identified in 40 CFR 26					quantity ge	nerator) is true.				
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This certificate is to verify the waste		, Line Item has been landfilled on
-		local, state and federal regulations by:
Way	ne Dispo	sal, Inc.
~	(EPA I.D. # MID048	
	N. I-94 Service Drive, Bellev Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX (TY (592-5489)
1001 and 15 U.S.C. 2615), I certify that the infecto the identified section(s) of this document for	ormation contained in or according which I cannot personally	f false or fraudulent statements or representations (18 U.s. companying this document is true, accurate and complete y verify truth and accuracy. I certify as the company office direct instructions made the verification that this information



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Plea	se pri	nt or type. (Form desig	ned for use	on elite (12-pitch)) typewriter.)	<u> </u>	<i>y</i> —					Approved.	OMB No. 2	2050-0039			
1	W	ORM NAZARDOUS ASTE MANIFEST		MID COR OF		1	(5	gency Response 13) 265-8	875		058	mber 895	3 J.	JK			
	5. Ge 7	nerator's Name and Mailin 7 W JACKSON	ng Address VIBIVD	USEPA/PO	ORTAGE CREE	EK ALLIED	G enerato	r's Site Address	(if different th	an mailing addres	s)		,				
	C	CHICAGO, IL 60				· 		TOCKBRI ALAMAZ('E TO KALAMAZOO RIVER 9001						
H	6. Tra	rator's Phone: nsporter 1 Company Nam	ie	447						U.S. EPA ID Number: MIK 126399684							
Ш	S	& C Transport	t .						•		186 8			* * *			
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	4	signated Facility Name an 19350 N I-94 SE BELLEVILLE, N	ERVICE	DRIVE	NE DISPOSAL,	INC				U.SEPA ID N	umber // 048-0 4	110 04 3 0 033	8090	<i>E 3.3</i>			
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		que Container ID#.		1_015A													
Ш	310	rage Start Date:)													
	15.	GENERATOR'S/OFFERO	R'S CERTIFI	CATION: I hereby o	declare that the contents of	this consignment	are fully a	nd accurately de	scribed above	by the proper shi	pping name	e, and are clas	sified, packa	aged,			
					oper condition for transport orm to the terms of the atta				onal governm	nental regulations.	If export sh	ipment and I	am the Prima	ary			
					0 CFR 262.27(a) (if I am a				ıll quantity ge	nerator) is true.		,	•				
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$\ \cdot\ $			or Operator: C	ertification of receip	t of hazardous materials co	·		tas noted in ter	n 18a	X /_		124	oth D-	Vac-			
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This certificate is to verify the wast	tes identified as	PCB 5.1.1	
and specified on Manifest #	010588953 THE	, Line Item(has been landfilled on
my 15, 2013	_ in accordance with all	local, state and federa	al regulations by:
Way	ne Dispo	sal, Inc.	
	(EPA I.D. # MID048		
	N. I-94 Service Drive, Bellev Telephone: 1-800-KWALITY Fax: 1-800-KWALFAX (Y (592-5489)	
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the into the identified section(s) of this document f having supervisory responsibility for the persons true accurate and complete.	formation contained in or according which I cannot personally	companying this document verify truth and accuracy	nt is true, accurate and complete. As cy. I certify as the company officia
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Ple	ase pri	nt or type. (Form design			er.)							proved. ON	//B No. 2	050-0039			
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		GENERATOR'S/OFFEROR															
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		certify that the waste minir		dentified in 40 CFR 262	.27(a) (if I am a la		gerleratori or Signature	(b) (if I am a sma	all quantity ge	enerator) is true.		Month	Day	Year			
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	18c. S	y's Phone: Signature of Alternate Facili	ty (or Generator)	· · · · · · · · · · · · · · · · · · ·				· ·	<u>-</u>			Month	Dāý	Year			
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٦		PCB					~·										
$\ $		esignated Facility Owner or	Operator: Certifica	tion of receipt of hazard	ous materials cov	ered by the m		pt as noted in Item	n-18a			14		- V			
\prod	Printe	d/Typed Name	$\sqrt{1}$	1/2/	······································	1	Signature	1		(-		Month	Day し/く	Year // / 2			
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This certificate is to verify the	
and specified on Manifes	t#has been landfilled on
<u> </u>	in accordance with all local, state and federal regulations by:
W	Vayne Disposal, Inc.
	(EPA I.D. # MID048090633)
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
1001 and 15 U.S.C. 2615), I certify that to the identified section(s) of this docu	aw for the making or submission of false or fraudulent statements or representations (18 U.S.C the information contained in or accompanying this document is true, accurate and complete. A ment for which I cannot personally verify truth and accuracy. I certify as the company official te persons who are acting under my direct instructions made the verification that this information
A with a size of Ci ampatures	m wh
Authorized Signature:	



-lea	ise prin		ed for use on elite (12-pitch) typewriter.)		·				Approved.	OMB No.	2050-0039	
↑		ORM HAZARDOUS STE MANIFEST	I. Generator ID Number MID 006 0			13) 265-8	875	4. Mänifest T	158	^{imber} 894	8 J.	JK	
		erator's Name and Mailing 7 W JACKSON	Address USEPAVP	ORTAGE CREEK	ALLIED Generat	or's Site Address (if different th	an mailing address	s)				
	C	HICAGO, IL 60			•	TOCKBRII ALAMAZO	. –	•		•			
	6. Tran	isporter 1 Company Name						U.S. EPA ID N	umber /	1/1/212	6390	684	
		& C Transport	<u> </u>		<u> </u>	·	·	U.S. EPA ID N		74 300			
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		•) 592-5489					MID	048	090	633		
$\ \ $	9a.	9b. U.S. DOT Description	(including Proper Shipping Na	me, Hazard Class, ID Number		10. Contain	ers	11. Total	12. Unit	13 1	Waste Code		
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	1. J Uniq	114097WDI / PCR /	ALA TOCK	C1+7		·	,	. ^		` ,			
.	m E	narked and labeled/placard exporter, I certify that the co	'S CERTIFICATION: I hereby led, and are in all respects in pr untents of this consignment con nization statement identified in	oper condition for transport actorn to the terms of the attach	cording to applicable inte ed EPA Acknowledgment	mational and nation	onal governn	nental regulations.					
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DESIGNATED FACILITY	19. Ha		nagement Method Codes (i.e.,	Audes for Hazardous Waste tre	atment, disposal, and red	young systems)		4.					
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	_	signated Facility Owner or	Operator: Certification of receip	ot of hazardous materials cove	red by the manifest excer Signature	pt as noted in Item			 .	Mo	nth Day	Year	
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FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as	PUB SA.
and specified on Manifest # 6 10 5 8 8 9 48 JUK_	, Line Item has been landfilled on
	local, state and federal regulations by:
Wayne Dispo	sal, Inc.
(EPA I.D. # MID04	
49350 N. I-94 Service Drive, Belle Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX	Y (592-5489)
Under civil and criminal penalties of law for the making or submission of 1001 and 15 U.S.C. 2615), I certify that the information contained in or act to the identified section(s) of this document for which I cannot personall having supervisory responsibility for the persons who are acting under my is true accurate and complete.	companying this document is true, accurate and complete. As y verify truth and accuracy. I certify as the company officia
Authorized Signature:	



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Form Approved. OMB No. 2050-0039

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		enerator's Name and Mailin 77 W JACKSON		EPA/PORT/	AGE CREEK	ALLIED				han mailing address VE TO KA		OO RIV	/FR	
		CHICAGO, IL 60 erator's Phone:	0604			. 1		_AMAZ(
	6. Tr	ansporter 1 Company Nam S & C Transport								U.S. EPA ID I	lumber η 186.80	111617 111617	6399	684
		ansporter 2 Company Nam					U.S. EPA ID Number							
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		BELLEVILLE, M						•	· ·	Mai	Z+7+	, 3,34	tot	Ł
	Faci 9a.	9b. U.S. DOT Description	on (including Proper		ard Class, ID Number,			10. Contai	ners	11. Total	12. Unit	13.1	Vaste Code	
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	14.	Special Handling Instruction J114097WDI / PCE	s and Additional Info	ormation			ļ		1:	<u> </u>	<u> </u>	!		<u> </u>
	l Un	ique Container ID#: orage Start Date:	TSCAO	150				•		u. V		• .		
		GENERATOR'S/OFFERO	<u>' </u>	N: I hereby declare t	hat the contents of this	s consignment a	re fully and	accurately de	scribed abov	e by the proper sh	ipning name	and are clas	sified nack	aned
		marked and labeled/placar Exporter, I certify that the o	rded, and are in all r contents of this cons	respects in proper con- signment conform to th	dition for transport acc ne terms of the attache	cording to applicated EPA Acknowle	able interna edgment of	tional and nati Consent.	ional governr	nental regulations			m the Prim	iary
	Gen	I certify that the waste min erator's/Offeror's Printed/Ty	ped Name	identified in 40 CFR 2	(62.27(a) (if I am a lar		nature	(if.I am a.sma	all quantity ge	enerator) is true.	_	Mor	th Day	Year
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١		PCB			<u>. </u>	J.,								·
		Designated Facility Owner of the Market Property of the Proper	or Operator: Certifica	ation of receipt of haza	rdous materials cover		est except a	e hoted in Item	п 18а /		>	Mo	ith Day	Year
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CF?	\ FUII	11 6700-22 (Rev. 3-03) 1	-ievious editions	are obsolete.		~				DESIGNAT	ED FAC	ILITY TO) GENI	ERATOR

CERTIFICAT

FOR MANIFESTED PCB WASTE

This certificate is to verify the wast	es identified as	per sold	
and specified on Manifest #	010588951 2010	, Line Item ha	s been landfilled on
my 14 , 2013	_ in accordance with all	local, state and federal	regulations by:
Way	ne Dispo	sal, Inc.	
	(EPA I.D. # MID04		
	N. I-94 Service Drive, Belle Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX	Y (592-5489)	
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the into the identified section(s) of this document f having supervisory responsibility for the persons true accurate and complete.	formation contained in or actor which I cannot personall	companying this document in verify truth and accuracy.	s true, accurate and complete. As I certify as the company officia
Authorized Signature:	1 ~ 00%		



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		nerator's Name and		S USI	EPA/ POF	RTAGE CF	REEK	LLIED	G enerat	or's Site Add	ess (if d	ifferent th	an mailing addres	s) .	***		 -
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1	1	nsporter 1 Company							-		•		U.S. EPA ID N	lumber /	1114 399	à6399	1694
		nsporter 2 Company		* * * * * * * * * * * * * * * * * * * *			· ·	 		·		:	U.S. EPA ID N				
	8. Des	signated Facility Nar	ne and Site Ad	Idress	VALANVIE	DISPOSA	I INC			A: -			U.S. EPA ID N	lumber M	1504	X 11911	1-23
	8	9350 N I-94 BELLEVILLE	SERVI	CE DR	IVE	DIGFUGF	1 <u>1.,</u> 1110						- MID	048 0	30 633 3 3 4	-	
		y's Phone: 9b. U.S. DOT Des	<u> </u>			Hazam Class ID	Number			10.00	ntainers		11. Total	, , ,	<u>-</u>		
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	r E	GENERATOR'S/OFI marked and labeled/ Exporter, I certify tha I certify that the wast	placarded, and it the contents	d are in all re of this cons	espects in proper ignment conform	condition for tran to the terms of th	sport accord e attached E	ling to applic EPA Acknowl	cable inte ledgmen	emational and t of Consent.	național	governn !	nental regulations.				
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DESIGNATED FACILITY	18c. S	Signature of Alternate	Facility (or G	enerator)		·					-	÷ ·			Ī	ionth Da	y Year
<u>8</u>	19. Hs	azardous Waste Rep	oort Manageme	ent Method	Codes (i.e. code	s for hazardous w	vaste treatme	ent, disposa	I, and rer	cyclina system	ns)	, (·			<u> </u>	
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This certificate is to verify the waste	es identified as	PCB 5.1.1	
and specified on Manifest #	010588949 JOK	, Line Item has been	landfilled on
- My 14 , 2013	_ in accordance with all	local, state and federal regulat	tions by:
Way	ne Dispo	sal, Inc.	
	(EPA I.D. # MID048	8090633)	
	N. I-94 Service Drive, Bellev Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX	Y (592-5489)	
Under civil and criminal penalties of law for the 1001 and 15 U.S.C. 2615), I certify that the infecto the identified section(s) of this document for having supervisory responsibility for the person is true accurate and complete.	ormation contained in or acc or which I cannot personally	companying this document is true, a verify truth and accuracy. I certif direct instructions made the verific	accurate and complete. As y as the company official
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This certificate is to verify the wast	es identified as	reb s.l.	
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	(EPA I.D. # MID04		
	N. I-94 Service Drive, Belle Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX	Y (592-5489)	
Under civil and criminal penalties of law for the 1001 and 15 U.S.C. 2615), I certify that the intensity to the identified section(s) of this document for having supervisory responsibility for the persons true accurate and complete.	formation contained in or ac or which I cannot personally	companying this docur y verify truth and accu direct instructions mad	ment is true, accurate and complete. As iracy. I certify as the company official
Authorized Signature:			



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H		NASTE MANIFEST	MID006007306	ş	500-544				1268	FLE
Ш	5. G	enerator's Name and Mailir	ng Address DEPAVAILED Paper Pal	tage Creek	Generator's Site Addre	ess (if different l	han mailing addres	s)		
Н			220 Crosslovin Parkway							
Ш	1		Kalamazoo, MI 49001							
П			513-309-3082	-	1					
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П	i		11325 Lakeriood Blvd.							
Ш		•	Holland, MI 49424				MIDODE	SARIT	į.	
Ш	Facil	ility's Phone:	618-396-5984				1		•	
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Н	15.	GENERATOR'S/OFFERO	OR'S CERTIFICATION: I hereby declare that the corrided, and are in all respects in proper condition for tr	tents of this consignmen	nt are fully and accurately	described above	re by the proper shi	pping name,	and are classifi	ied, packaged,
Н		Exporter, I certify that the	contents of this consignment conform to the terms of	the attached EPA Ackno	owledgment of Consent.	ISTORIES GOVERNO	···	n export an		OR Fillially
Ш			imization statement identified in 40 CFR 262.27(a) (i			mall quantity g	enerator) is true.			
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1		HPUKIRI KAZAKUUUS	Generator ID Number	2. Page 1 of	1		4. Manifest	Tracking Nu	mber	» –	
Ш		WASTE MANIFEST	MID006007306		300-544-26		<u> </u>	<u>547.</u>	1267	<u>/ </u>	LE
П	5. 0	Generator's Name and Mailin	ig Address SEPA/Aillied Paper Politage L	Jeek	Generator's Site Addres	s (if different tha	n mailing addres	is)			
П	l		320 Crossiown Parkway								
Н			Kalamazoo, MI 49001								
П	Ge	nerator's Phone:	513-309-0002	1	Ī	-					
П	6.	ransporter 1 Company Nam	16				U.S. EPA ID N	lumber			
П	h	lorthern A-I Sen	vices inc.				WID050	906814			
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Н	l										
П	8. t	Designated Facility Name and	d Site Addressid Industrial VVaste Service	, inc.			U.S. EPA ID N	lumber			
Н			11325 Lakerened Blvd.]
П	l		Holland, MI 49424				14HD)000	548121			
Ш	Fac	dility's Phone:	614-398-3964				1				, i
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Н	15.	GENERATOR'S/OFFERO	R'S CERTIFICATION: I hereby declare that the contents of the	nis consignment	are fully and accurately d	escribed above I	y the proper shi	pping name,	and are class	ified, packa	ged,
П		marked and labeled/placan	rded, and are in all respects in proper condition for transport ac contents of this consignment conform to the terms of the attact	ccording to applic	icable international and na	itional governme	ntal regulations.	If export ship	oment and I ar	n the Prima	ry
П	l		imization statement identified in 40 CFR 262.27(a) (if I am a la			nall quantity gene	erator) is true.				
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$\ \ $	20.	Designated Facility Owner or	r Operator: Certification of receipt of hazardous materials cover	ered by the mani	ifest except as noted in Ite	m 18a	I				
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Please print or type. (Form designed for use or elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number 00547 MID006007306 200-544-2983 **WASTE MANIFEST** 5. Generator's Name and Mailing Addressリンド アンベルトロ Page アカバコウビ したまだ Generator's Site Address (if different than mailing address) 220 Chosslevin Parkeray Kalamazoo, Mi 4900: 513/309-3062 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number Northern A-1 Services, In MID020908814 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address #91 (1904) S1731 948572 Ce19106 Inc. U.S. EPA ID Number 11325 Lakeviged Styd. Holland, MI 49424 MID008546121 818 386-5894 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) нм Quantity Wt./Val. No. Type Low Level PCE Contaminated Rain 71 G 029 and Ground Vilter 5400 14. Special Handling Instructions and Additional Information 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name EN MINES 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials TR ANSPORTER Transporter 1 Printed/Typed Name Kodaey Brown Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Partial Rejection Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator Month Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. **GENERATOR'S INITIAL COPY**

Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4. Manifest Tracking Number 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS 00547 300-544-2963 MiD006007308 WASTE MANIFEST 5. Generator's Name and Mailing Address SELFTVAIRE CAPET POSTAGE CITES Generator's Site Address (if different than mailing address) 220 Chissiown Partway Kalamazoo, MI 4900 I 513-009-3082 Generator's Phone: U.S. EPA ID Number Transporter 1 Company Name A188020001M Northern A-1 Services, the U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Addissand Industrial Viasta Service, like U.S. EPA ID Number 11375 Lakeviood Styd. Holland, MI 49424 IAID006548121 Facility's Phone: 618 316-5894 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Wt.Vol. НМ No. Type Quantity Love Level PCE Contaminated Rain 1 1 G 0231 GENERATOR and Ground Vylater 5400 13. 14. Special Handling Instructions and Additional Information 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name -121 9 15 1 16. International Shipments _ imbort to U.S. Port of entry/exit: Export from U.S. Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Advnowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Knaney Drown 10 TR AN Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Туре Residue __ Partial Rejection Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: GNATED 18c. Signature of Alternate Facility (or Generator) Year Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 4. 20. Designated Facility Owner or Operator: Cartification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Year Dav

GENERATOR'S INITIAL COPY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

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Plea	ase print or type. (Form desig	gned for use on elite (12-pitch) typewriter.)					Form	Approved. OMB	No. 2050-0039
1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID. Number MID 006 007 306	1	3. Emergency R 5/3- 2	165-88	4 Manifest	995	2866	JJK
1	5. Generator's Name and Mail	USEPA FURIAGE	CREEK ALLIE	Generator's Site /	Address (if different l	han mailing addres	s)		
293	77 W JACKSO CHICAGO, IL 6				(BRIDGE A MAZOO, MI		_AMAZ	OO RIVER	
П	Generator's Phone: 6. Transporter 1 Company Nan	ne	··· · · · · · · · · · · · · · · · · ·	<u> </u>		U.S. EPA ID N	lumber		
ė i	3+c	TRANSPORT	· · · · · · · · · · · · · · · · · · ·					5 804	399
	7. Transporter 2 Company Nan	ne .				U.S. EPAID N	umber		
11.	8. Designated Facility Name ar	nd Site Address	CAL INC SEE	O.I. ANIDEU	· ·	U.S. EPAID N	umber	 	-
		ERVICE DRIVE	SAL, INC SITE	ZEANOFIL	· i.	MID	048 0	90 633	
fr g	BELLEVILLE, N	(1) 48111 (0) 592-5489				1			
e le		ion (including Proper Shipping Name, Hazard Class,	. ID Number.	1 10	. Containers	11. Total	12 Unit		-
Ш	HM and Packing Group (if	any))	· · · · · · · · · · · · · · · · · · ·	No.		Quantity	WŁ/Val.	13. Waste	Codes
8	X 1. RQ, LT:3432.	Polychiprinated biphenyls, solid, mixtu	re, 9, PGII, (PCB),	ERG				PCB1	
3				00	DT	45360	K	:	-
GENERATOR	2.							:	
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23 85		4 4 4 4 9 9		÷ _	÷	<u>. </u>		i i <u>i i i i i i i i i i i i i i i i i i</u>	
	14. Special Handling Instruction 1. J114097WDI / PCI		7	TRUCK #	Un	AUE			
	STORAGE	START DATE 7	19/12	#	10	noma	Er -	TSCA O	020
	15. GENERATOR'S/OFFERO	OR'S CERTIFICATION: I hereby declare that the co	wheeler of the construction	126					·
Ш	marked and labeled/place	orded, and are in all respects in proper condition for contents of this consignment conform to the terms of	transport according to appl	licable international	and national govern				
	I certify that the waste mir	nimization statement identified in 40 CFR 262.27(a)	(if I am a large quantity ger	nerator) or (b) (if I a	m. n a small quantity g	enerator) is true.			
Ш	Generator's/Offeror's Printed/Ty		Sią	gnature (-	7			Month 0.71	Day Year
ř	16. International Shipments	import to U.S.	Export from		ort of entry/exit:			1011	17112,
INTL	Transporter signature (for expo	orts anly):	C Cáport iroin		ite leaving U.S.:	· · · · · · · · · · · · · · · · · · ·			```
TRANSPORTER	17. Transporter Acknowledgmer Transporter & Printed/Typed Na		Str	gnature /	7 3	,		Month	Day Year
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ZANS	Transporter 2 Printed/Typed Na	me	SIĘ	gnature /-				Month	Day Year
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Ŧ	18a. Discrepancy Indication Sp.	ace Quantity	Туре	Resid		Partial Reje		Пея	I Rejection
		ت جسس		L Nosiu	uc		AARAI		rejecoui
_	18b. Alternate Facility (or Gene		- · · · · · · · · · · · · · · · · · · ·	Manifest Ra	ference Number:	U.S. EPAID N	umber	•	
등	, ,	•							
¥.	Facility's Phone:	The Lan Comments of				_1		114-4	· ·
¥	18c. Signature of Alternate Fac	inty (or Generaliza)						Month	Day Year
ESIGNATED FACILITY	19. Hazardous Waste Report M	lanagement Method Codes (i.e., codes for hazardor	us waste treatment, disposi	ed, and recycling sys	stems)				
吕	1. PCB	2.	3.			4.			
		or Operator: Certification of receipt of hazzardous ma	terials covered by the man	nifest excent as note	d in Item 18a	i			
	Printed/Typed Name	The second of th		gnature .		 		Month	Day Year
	<u></u>		ī ₂ .	•				4.) }

		ed for use on elite (12-pitch) typewriter.)	<u> </u>					Approved. OMB	NO. ZUOU-UU39
1	UNIFORM HAZARDOUS WASTE MANIFEST	I. Generator ID Number MID 006 007 306		/3-265	-8875	4. Manifest	995	2867	JJK
	5. Generator's Name and Mailing	Address USEPA/ PORTAGE CREEK	ALLIED Gener	ator's Site Addres	s (if different th	an mailing addres	3)	-	
1	77 W JACKSON	BLVD						, ,	
	CHICAGO, IL 60 Generator's Phone:			KALAMAZ		49001		ZOO RIVER	
구동	6-Transporter 1 Company Name					U.S. EPAIDA			
П	S+C TR					mio	186	2 804	399
D S	7. Transporter 2 Company Name					U.S. EPAID N	lumber		
П	8. Designated Facility Name and	Site Address WAYNE DISPOSAL, IN	IC SITE 2 LA	NDFILL		U.S. EPA ID N	lumber		
2	49350 N I-94 SE BELLEVILLE, MI	RVICE DRIVE I 48111	IO ONE Z E			- MID	048 09	90 633	35
M	Facility's Phone: (800) 592-5489							
Ш	1 1	(including Proper Shipping Name, Hazard Class, ID Number,		10. Conta	iners	11. Total	12. Unit	13. Waste (Codes
П	HIM and Packing Group (if an	<u>yn) </u>		No.	Type	Quantity	Wt_Nal.		,
~	X 1. RQ, UN3432, Po	olychlorinated biphenyls, solid, mixture, 9, PG	SII, (PCB), ERG	2. s	4 4	4		PCB1	
GENERATOR	#171			001	OT	45360	K	11000	
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П	14. Special Handling Instructions	and Additional Information	·	<u>.</u>					
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2 5			TRUCK #	•	in H	num	n Ka		
П	STOCKLE 3	met Date 7/9/12	127		10 %	, Mouse	JIL	TSCA	0021
Ш	15. GENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby declare that the contents of this	s consignment are full	and accurately d	escribed above	by the proper shi	opina name	and are classified.	nackaced.
						andal mandalina	if export shi	inment and I am the	Primary
		ied, and are in all respects in proper condition for transport acc			tional governm	esirai regulations.		,	· imay
₹ ₹	Exporter, I certify that the co	ed, and are in all respects in proper condition for transport acc extents of this consignment conform to the terms of the attache	id EPA Acknowledgma	nt of Consent	•				e tantau y
ę.	Exporter, I certify that the co	ed, and are in all respects in proper condition for transport acceptants of this consignment conform to the terms of the attached nization statement identified in 40 CFR 262.27(a) (if I am a larg	id EPA Acknowledgma	nt of Consent	•			Month	Day Year
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	signated Facility Name and Site A	Miquid Industrial Wast 11325 Lakewood Blvd Holland, MI 48424 816-386-5994				U.S. EPAID N			
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		esignated Facility Owner or Cod/Typed Name	Operator: Certification of receipt of h	azardous materials cove		est excep nature	as noted in Item	18a (•	17	Mor	-	Year
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Please print or type. (Form designed for use on elite (12-pitch) typewrit Form Approved. OMB No. 2050-0039 4. Manifest Tracking Number UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone (513) 265-8875 MID 006 007 306 **WASTE MANIFEST** 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77:W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number MIK 126 399 684 S & C Transport U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address , U.S. EPA ID Number WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Quantity Wt/Vol. Туре 1. RQ, UN3432, Polychlorinated biphenyls, solid, modure, 9, PGII, (PCB), ERG 001 0171 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: TSCA - 020' Storage Start Date 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. l certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true Year Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only):. ---17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Transporter 2 Printed/Typed Nam 18a. Discrepancy Indication Space __ Residue Partial Rejection Quantity Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name (

This certificate is to verify the wast	es identified as	Jes 5.1.)	
and specified on Manifest #	010331454 MK	_, Line Item _	has been landfilled on
Oct 8 , 2013	_ in accordance with all l	ocal, state and fe	deral regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:	ru	Wh		
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Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator ID Number. 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Numbe 01033145 MID 006 007 306 (513) 265-8875 **WASTE MANIFEST** 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address)
77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number MID 048 090 633 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Wt./Vol. Quantity 1. RQ, UN3432, Polychiorinated biphenyls, solid, modure, 9, PGII, (PCB), ERG 001 D PC61 45,360 GENERATOR 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soit / Unique Container ID: TSCA-0206 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name OMe S P 12 2 16. International Shipments import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials Fransporter | Printed/Typed Name Year au1 10 Transporter 2 Printed/Typed Name Signature Month 18. Discrepancy 18a. Discrepancy Indication Space Type Residue Partial Rejection Full Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Dav Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name LAVNAC

This certificate is to verify the	ne wastes identified as	teb seld	
and specified on Manife	st#010331453 NC	, Line Item has been lar	ndfilled on
Oct 8	in accordance with all	l local, state and federal regulation	as by:
V	Vayne Dispo	sal, Inc.	
	(EPA I.D. # MID04		
	49350 N. I-94 Service Drive, Belle Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX	ГҮ (592-5489)	
1001 and 15 U.S.C. 2615), I certify the to the identified section(s) of this doc	at the information contained in or accument for which I cannot personall	of false or fraudulent statements or representations of false or fraudulent statements or representations of false or fraudulent statements of false of false or false of false or false of false or fals	rate and complete. As the company official
Authorized Signature:	mu	Ju	



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	5. G	enerator's Name and Mailir 7 W JACKSON	ng Address USEPA/ PORTAGE	CREEK AL	LIED Gene	ator's Site Address (if d	lifferent than mailin	g address)		_		
		CHICAGO, IL 60				STOCKBRIDG (ALAMAZOO		KALA	MAZ	OO RIV	/ER	
	Gen	erator's Phone:		<u></u>								
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		esignated Facility Name an 19350 N 1-94 SE		SAL, INC.	SITE #2 L	ANDFILL		EPA ID Numi MID 04		ก ผวว		Ì
		BELLEVILLE, M						1111D 0-	10 00	0 000		
	Faci	ity's Phone: (804	0) 592-5489	· 	<u> </u>	·						
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	10. ,	marked and labeled/placa	DR'S CERTIFICATION: I hereby declare that the irded, and are in all respects in proper condition for	r transport accordin	g to applicable i	nternational and national						
			contents of this consignment conform to the terms nimization statement identified in 40 CFR 262.27(a				uantity generator) is	s true.			,"	
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This certificate is to verify the wastes iden	ntified as	per sold	
and specified on Manifest #	10331452 DK	_, Line Item	has been landfilled on
oct 8, 2013 in ac	ccordance with all le	ocal, state and fede	eral regulations by:
Wayne	e Dispos	sal, Inc	•
	A I.D. # MID0480	The state of the s	
Telepho	Service Drive, Bellevilone: 1-800-KWALITY 1-800-KWALFAX (5	(592-5489)	
Under civil and criminal penalties of law for the make 1001 and 15 U.S.C. 2615), I certify that the information to the identified section(s) of this document for which having supervisory responsibility for the persons who is true accurate and complete.	on contained in or according to the I cannot personally	ompanying this docum verify truth and accur	ent is true, accurate and complete. A acy. I certify as the company official
Authorized Signature:			



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Ш	BELLEVILLE, MI 48111									MID 048 090 633					
	Facilit	y's Phone: (80	0) 592-5489							_					
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	20. De	esignated Facility Owner	or Operator: Certificat	Ltion of receipt of haza	ardous materials cover	red by the manifes	t except as not	ed in Item 1	18a	· ·	<u> </u>				
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This certificate is	s to verify the wastes identified as
and specified	l on Manifest # has been landfilled on
	in accordance with all local, state and federal regulations by:
	Wayne Disposal, Inc.
	(EPA I.D. # MID048090633)
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
1001 and 15 U.S.C. 2615 to the identified section(penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 5), I certify that the information contained in or accompanying this document is true, accurate and complete. As (s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official onsibility for the persons who are acting under my direct instructions made the verification that this information plete.
Authorized Signa	mu who



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Please wint or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone (513) 265-8875 MID 006 007 306 **WASTE MANIFEST** 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address)
77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number MIK 126 399 684 S & C Transport 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. Туре HM 1. RQ, UN3432, Polychiorinated biphenyls, solid, mbdure, 9, PGII, (PCB), ERG 001 45,360 GENERATOR Unique Container ID: T3CA-0204 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generators/Offeror's Printed/Typed Name Month Day Year PAUL RUESCH 16. International Shipments Port of entry/exit: Export from U.S. Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Residue Ĺ___Туре Partial Rejection U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Day Printed/Typed Name Signature 10

s certificate is to verify the was and specified on Manifest #	010331451 DK	, Line Item	has been landfilled on
	in accordance with all l		
117	yne Dispo	1 7	

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)

(EPA I.D. # MID048090633)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:



Please print or type. (Form designed for use on elite (12-pitch) type Form Approved. OMB No. 2050-0039 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS 1. Generator ID Number (513) 265-8875 MID 006 007 306 WASTE MANIFEST 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE: MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Quantity Wt Mol НМ Type 1. RQ, UN3432, Polychionnated biphenyls, solid, mbdure, 9, PGII, (PCB), ERG ព្រា Ø171-45,360 14. Special Handling Instructions and Additional Information
1. J114097VVDI / PCB contamnated Soil / Unique Container ID: T3CA - 0203 Storage Start Date 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Month Day Year PAU 16. International Shipments Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Month Day りつ Transporter 2 Printed/Typed Na 18. Discrepancy 18a. Discrepancy Indication Space ∐ Type Partial Rejection Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

PCB

Printed/Typed Name

4

This certificate is to verify the wastes identified as
and specified on Manifest #, Line Item has been landfilled on
in accordance with all local, state and federal regulations by:
Wayne Disposal, Inc.
(EPA I.D. # MID048090633)
49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.
me who who
Authorized Signature:



The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

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	GENERATOR'S/OFFEROR'S CERTIFICATION marked and labeled/placarded, and are in all re Exporter, I certify that the contents of this consi	espects in proper condition for transpo ignment conform to the terms of the a	ort according to applicable in attached EPA Acknowledgm	nternational and nation ent of Consent.	nal governme	ntal regulations. I	pping name If export shi	, and are clas ipment and I a	sified, packa am the Prima	aged, ary
Ш	I certify that the waste minimization statement i Generator's/Offeror's Printed/Typed Name	identified in 40 CFR 262.27(a) (if I am	n a large quantity generator Signature		quantity gene	erator) is true.		Mon	th Day	Year
↓ J	PAUL RUSCH 16. International Shipments	·		Pe	8				<u>) 14</u>	1/3
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	18a. Discrepancy Indication Space Quant	ntity L Typ	D e	Residue		Partial Reje	ection	L	Full Reje	ection
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ACILI	Facility's Phone:					I				•
DESIGNATED FACILITY	18c. Signature of Alternate Facility (or Generator)	<u></u>				<u> </u>		Mo	nth Day	y Year
SIGN.	19. Hazardous Waste Report Management Method 0	Codes (i.e., codes for hazardous was	te treatment, disposal, and	recycling systems)		· · ·			Щ.	
. DES	1. PCB	2.	3.			4.	1			
	20. Designated Facility Owner or Operator. Certifical	tion of receipt of hazardous materials			18a		÷			· • • • • • • • • • • • • • • • • • • •
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This certificate is to verify the wastes identified as PCh SO	0/10	75 10
11/32/1/1/2 11/	Line Item has been landfilled on	
10/04, 2013 in accordance with all local,	, state and federal regulations by:	

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:



3/c 134

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Please print or type. (Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-0039 UNCORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number MID 006 007 306 (513) 265-8875 WASTE MANIFEST 5. Generator's Name and Mailing Address 77 W JACKSON BLVD USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE MID 048 080 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) НM Quantity Wt No. 1. KQ, UN3432, Polychlorinated biphenyls, solid, modure, 9, PGII, (PCB), ERG PCB1 001 #171 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: T3CA - 0193 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name PAUL RLESCH 16. International Shipments Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Transporter 2 Printed Typed 18. Discrepancy 18a. Discrepancy Indication Space Partial Rejection Full Rejection Achai weight 39727 kg ok per mark bunglas wi Eam sc 1017113 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature

This certificate is to verify the waste	es identified as	per sull	
and specified on Manifest #	010331440116	, Line Item	has been landfilled on
Oct 4 2013	_ in accordance with all	local, state and fe	ederal regulations by:
Way	ne Dispo	sal, In	c.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:



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Ί		5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD												
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Н	6. Tra	nsporter 1 Company Nam								U.S. EPA ID N				
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	8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 Exceptible Phone: (800) 592-5489													
Ш	Facilit	ys riione.	<u> </u>		. •				-	<u> </u>			4.	
	9a. HM	9b. U.S. DOT Descripti and Packing Group (if a	on (including Proper : any))	Shipping Name, Hazard	Class, ID Number,	٠	<u> </u>	10. Contain	ers Type	11. Total Quantity	12. Unit Wt./Vol.	13.	Waste Code	es
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	1. 3	I IAUSTAVDI T PCB	contamnated s	oon v Stoled	e Start Date:_	4 11/13	<u> </u>	Unique	Containe	er 10: <u>7 3 ©</u>		<u></u> /	. **	
	1	GENERATOR'S/OFFERO marked and läbeled/placa Exporter, I certify that the I certify that the waste mir	rded, and are in all re contents of this consi	espects in proper conditi gnment conform to the	on for transport acci terms of the attache	ording to applicated to the control of the control	able interr edgment o	national and nation of Consent.	nal governm	nental regulations.				
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≧	18b. /	Alternate Facility (or Gene	rator)		<u> </u>	•	. Mai	mest vererence	MUNIDEF.	U.S. EPA ID N	umber			
점증	Facilit	ty's Phone:							-	1	•		e	
DESIGNATED FACILITY		Signature of Alternate Fac	ility (or Generator)		· · · · · ·		. '			1		Mo	onth Da	y Year
<u> </u>	19. H	azardous Waste Report M	lanagement Method	Codes (i.e., codes for ha	zardous waste trea	tment, disposal.	and recv	cling systems)			-			- 1
DES	1.	PCB		2.		3.	-y <u>-</u>	. 		4.	-	•		
	20. D	esignated Facility Owner	or Operator: Certifica	Lion of receipt of hazard	ous materials cover	ed by the manife	est except	as noted in Item	18a					
		d/Typed Name	· ·		Neely		nature)	the w	~_			Mc I ł C	onth Day	Year

This certificate is to verify the wastes identified as
and specified on Manifest #, Line Item has been landfilled on
in accordance with all local, state and federal regulations by:
Wayne Disposal, Inc.
(EPA I.D. # MID048090633)
49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
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Authorized Signature:



13660/144560

Form Approved, OMB No. 2050-0039 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number (513) 265-8875 AGE CREEK ALLIED Generator's Site Address (if different than mailing address) UNIFORM HAZARDOUS STOCKBRIDGE AVE TO KALAMAZOO RIVER Generator's Name and Mailing Address T 77 W JACKSON BLVD WASTE MANIFEST KALAMAZOO, MI 49001 U.S. EPA ID Number CHICAGO, IL 60604 MIK 126 399 684 U.S. EPA ID Number 5 & C Transporter 2 Company Name (IVE) U.S. EPA ID Number MID 048 090 633 8. Designated Facility Name 80 A9350 N 1- in Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes Wt_Vol. Quantity Type Alorinated biohenyls, solid, modure, 9, PGII, (PCB), EKG nn 45,360 Unique Container ID TSCA-0199 14. Special Handling Instructions and Additional Information 1. J114097WDI / PCB contamnated Soil / Storage Start Date: 4/11/13 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year YAUL BURGA 16. International Shipments Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Year 13 18a. Discrepancy Indication Space Type Residue _ Partial Rejection __ Full Rejection Quantity Manifest Reference Number. U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Ner

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

This certificate is to verify the wastes identified as	PCBSOIIA	
and specified on Manifest # 0/033/446 JJK	, Line Item	has been landfilled on
10/4, $20/3$ in accordance with a		deral regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)

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Authorized Signature:



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П		HICAGO, IL 600 ator's Phone:	6U4	A Tan Marin C	•	1	KAL	AMAZO	O, MI 4	19001				
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	BELLEVILLE, MI 48111													
	Facility	v's Phone: (800) 592-5489			•				1				
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	15. G	SENERATOR'S/OFFEROR	R'S CERTIFICATION	I hereby declare that	the contents of this	s consignment ar	fully and	accurately des	cribed abov	e by the proper sh	ipping name	e, and are class	fied, packa	ged,
	ı ı	narked and labeled/placare Exporter, I certify that the c	ded, and are in all res	pects in proper conditi	on for transport acc	cording to applica	ble internat	ional and natio	inal governin	nental regulations.	If export sh	ipment and Î ar	the Prima	ıry
	. 1	certify that the waste mini	mization statement ide						I quantity ge	enerator) is true.				
		ator's/Offeror's Printed/Typ		· · ·		Signa	ture ز	7	/	-		Month	Day	Year
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盔		y's Phone:		<u> </u>		<u> </u>						- 1.4		
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<u>Š</u>	10 Ho	azardous Waste Report Ma	anadement Method Co	ndes (i.e. modes for h	zamlous wasto tro	atment disnosal	and recycli	na systems)					<u>. ا</u>	1
DESIGNATED FACILITY	1.		- agonicii ineulou G).	· · · · · · · · · · · · · · · · · · ·	3.	- recycl	(قرانتها در		4.				
 -		PCB			-	[
1.		esignated Facility Owner or	r Operator: Certification	on of receipt of hazard	ous materials cover			s nated in Item	18a		٠,			
1	Printed	d/Typed Name	C111			Sign	ture)		Mont		Year
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This certificate is to verify the wastes identified as	pebsolid	
This certificate is to verify the wastes identified as and specified on Manifest # 0/033/445 UK	, Line Item	has been landfilled on
$\frac{104}{3}$, $\frac{2013}{3}$ in accordance with all	local, state and fed	eral regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:



Form # REC-FM-030-BEL

5/2 134

143420

Please print or type. (Form designed for use on elite (12-pitch) typewriter Form Approved. OMB No. 2050-0039 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS (513) 265-8875 MID 006 007 308 **WASTE MANIFEST** USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: U.S. EPA ID Number 6. Transporter 1 Company Name S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number MID 048 090 633 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Wt./Vol. No. Quantity ΗМ Туре 1 RQ, UN3432, Polychlorinated biphenyls, solid, mbdure, 9, PGII, (PCB), ERG 001 PCB1 8171 45,360 GENERATOR 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: TSCA-0197 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name RUESTA 16. International Shipments Export from U.S. Port of entry/exit: Date leaving U.S.: -Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Type Residue Partial Rejection ☐ Full Rejection Quantity Manifest Reference Number U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone 18c. Signature of Alternate Facility (or Generator) Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Month Printed/Typed Name Signature 101

This certificate is to verify the wastes identified as
and specified on Manifest # 010331444 JJK , Line Item has been landfilled on
$\frac{10/4}{}$, $\frac{2019}{}$ in accordance with all local, state and federal regulations by:
Wayne Disposal, Inc.
(EPA I.D. # MID048090633)
49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)
Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. A to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.
Authorized Signature:



se Frint of type. (Form designed for use on elite (12-pitch) typewriter.)

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Form Approved. OMB No. 2050-0039

ļ	W	ORM HAZARDOUS ASTE-MANIFEST		008 007 308	· · · · · · · · · · · · · · · · · · ·	1	(51	ncy Response 3) 265-88	375	4. Manifest 1	033	1428	<u>J</u> ,	JK		
		nerator's Name and Mailin 7 W JACKSON		PA/ PORTAG	E CREEK	ALLIED						'00 D'' '				
	STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone:															
П	6. Transporter 1 Company Name									U.S. EPAID Number						
H		S & C Transport Nilk 126 399 684 Transporter 2 Company Name U.S. EPA ID Number														
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		8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL									U.S. EPAID Number MID 048 090 633					
49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 [SOUTH STATE OF THE ST									ا ا							
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l		Exporter, I certify that the certify that the waste mir							l quantity ge	enerator) is true.		<u> </u>				
	Gener	ator's/Offeror's Printed/Ty	•			Sig	nature		7			Month	Day	Year		
Ļ	16 led	TAU PU ternational Shipments	<u> 304</u>		· · · · · · · · · · · · · · · · · · ·		<i>F</i>	of	<u> </u>			1/0	ЦĄ	1/3		
		porter signature (for expo	Import to	U.S.		Export from U	J.S.	Port of ent Date leavin	•	: .	· ·			 		
F	17. Tr	ansporter Acknowledgmer	nt of Receipt of Mater	ials .												
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	18a. C	Discrepancy Indication Sp			Туре			Residue		Partial Rej			Full Rej	ection		
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		Itemate Facility (or Gene	rator)		•					U.S. EPA ID N	lumber					
FACE	Ee-3*4	do Dhone					•			1						
EUF		y's Phone: iignature of Alternate Fac	fity (or Generator)			<u> </u>					,	Mont	h Da	y Year		
₹		<u> </u>			<u> </u>								1.			
ESIC	19. H	zzardous Waste Report M	lanagement Method	Codes (i.e., codes for ha	zardous waste trea	atment, disposa 1 ₂	i, and recyc	ling systems)		4.		· ·				
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		esignated Facility Owner	or Operator, Certifica	tion of receipt of hazardo	ous materials cover			as noted in Item	18a							
$\ $	PTINTE	d/Typed Name	1 1	Kir		(Sig	nature	5	_ <u>_</u> 	7		Monti ∫ (νl⊃ Dan	Year		

and specified on Manifest #	010331428 NK	, Line Item	has been landfilled on
oct 2 , 2013	_ in accordance with al	l local, state and fed	eral regulations by:
Way	yne Dispo	sal, Inc	
	(EPA I.D. # MID04		
49350	N. I-94 Service Drive, Belle Telephone: 1-800-KWALI Fax: 1-800-KWALFAX	ГҮ (592-5489)	
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the into the identified section(s) of this document having supervisory responsibility for the persons true accurate and complete.	formation contained in or actor which I cannot personal	ccompanying this docum by verify truth and accu	nent is true, accurate and complete. As racy. I certify as the company official



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Plea	ise print or type. (Form design	gned for use on eli	te (12-pitch) typewriter.		: <u></u>	<u> </u>				Approved.	OMB No	2050-0039
1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Nu MID	mber 006 007 306		2. Page 1 of 3. Em	ergency Response 513) 265-88		4 Manifest 1 01 (imber 142	9 J.	JK
	5 Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Benerator's Site Address (if different than mailing address) 77 W JACKSON BLVD											
	CHICAGO, IL 60604 STOCKBRIDGE AVE TO KALAMAZOO RIVER KALAMAZOO, MI 49001											
	Generator's Phone:: 6. Transporter 1 Company Nam	ne						Ü.S. EPA ID N	lumber		——	
'	S & C Transport		wegen				MIK 126 399 684					
	7. Transporter 2 Company Nan	U.S. EPA ID Number										
	8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPAID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111											
Ш	Facility's Phone: (80	0) 592-5489	<u> </u>				<u> </u>	,		-		
	9a. 9b. U.S. DOT Descript HM and Packing Group (if		Shipping Name, Hazard C	lass, ID Number,		10. Contain	10. Containers No. Type		12. Unit Wt./Vol.	13. Waste Codes		
GENERATOR —	X 1. RQ, UN3432, F	Polychlorinated	biphenyls, solid, mo	dure, 9, PGII,	(PCB), ERG	001	DT	45,360	K	PCB1		
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	14. Special Handling Instruction	ns and Additional Info	ormation Soil / Storage	Start Date:	9/11/13	LUnique	Contain	er ID: TSC/	1-01	82		-
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	marked and labeled/placa	arded, and are in all r	N: I hereby declare that the espects in proper condition	for transport accor	ding to applicable in	ternational and natio	cribed abovern	ve by the proper shi mental regulations.	pping name If export sh	, and are clas	ssified, packa	aged, ary
l	I certify that the waste mi	nimization statement	ignment conform to the ter identified in 40 CFR 262.2		quantity generator)		i quantity g	enerator) is true.			N 1	,
↓	Generator's/Offeror's Printed/T	,,			Signature	PafC				Mor \/ (13
INT	16. International Shipments Transporter signature (for expo	Import to	u.s.		Export from U.S.	Port of ent						
	17. Transporter Acknowledgme		ials	_	-	Date league	1970.3		7			
ORT	Transporter 1 Printed/Typed Na	ame	12 00	/	Signature		BI	BU		Mor		
TRANSPORTER	Transporter 2 Printed/Typed Na	ame		(Signature	m q	EL.			<i>Y™C</i> Mor	nth Day	Year
TRA					<u> </u>	¥"						
1	18. Discrepancy		-			<u> </u>				· i	<u> </u>	
	ALWAI WEIGHT 40082 Kg OK per Mark Dog Mark Dog Namifest Reference Number:											
_≥	A(Wa) Weight 40082 kg ok per Mark 20091a) WI tow SC 1074113 18b. Alternate Facility (or Generator) U.S. EPA ID Number											
믕	O.O. LI (II) Malloon											
DFA	Facility's Phone: 18c. Signature of Alternate Fac	vility (or Consistent)	<u> </u>			<u> </u>			·	LMa	onth Day	v Year
DESIGNATED FACILITY	Signature of Alternate Pac	any (or Generalor)								MIC	l Day	l car
SIG	19. Hazardous Waste Report N	Management Method	Codes (i.e., codes for haza	irdous waste treatm	nent, disposal, and re	ecycling systems)	_	<u> </u>				
<u>~</u>	1. PCB	В	۷.		3.			4.				
	20. Designated Facility Owner Printed/Typed Name	or Operator: Certifica	ation of receipt of hazardou	s materials covered	by the manifest exc Signature	pept as noted in Item	18a	 .		Mo	onth Day	Year
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FOR MANIFESTED PCB WASTE

and specified	on Manifest #, Line Item has been landfilled on
00	in accordance with all local, state and federal regulations by:
	Wayne Disposal, Inc.
	(EPA I.D. # MID048090633)
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
1001 and 15 U.S.C. 2615) to the identified section(s)	penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C., I certify that the information contained in or accompanying this document is true, accurate and complete. At of this document for which I cannot personally verify truth and accuracy. I certify as the company official asibility for the persons who are acting under my direct instructions made the verification that this information lete.
Authorized Signate	me who



Form # REC-FM-030-BEL

139,700

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 Manifest Tracking Number UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone (513) 265-8875 MID 008 007 306 **WASTE MANIFEST** 5. Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) нм Quantity Wt Mol 1 RQ, UN3432, Polychlorinated biphenyls, solid, moture, 9, PGII, (PCB), ERG PCB1 C 45,360 6171 GENERATOR 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: TSCA-0183 Storage Start Date 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true Generator's/Offeror's Printed/Typed Name Year International Shipments Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Full Rejection Partial Rejection mark povgas W/ Eom 39736 Kg OK per U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner tion of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name idnature EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete **DESIGNATED FACILITY TO GENERATOR**

and specifie	d on Manifest #	010331430 JUK	, Line Item	has been landfilled on
	Oct Z , 2013	_ in accordance with a	ll local, state and fee	deral regulations by:
	Way	yne Dispe	osal. Inc	C.
	•	(EPA I.D. # MID0		
	49350	N. I-94 Service Drive, Bell Telephone: 1-800-KWAL Fax: 1-800-KWALFAX	TY (592-5489)	
1001 and 15 U.S.C. 261 to the identified section	5), I certify that the ir (s) of this document to consibility for the person	nformation contained in or a for which I cannot persona	ccompanying this docu	tatements or representations (18 U.S.C. ment is true, accurate and complete. As uracy. I certify as the company official de the verification that this information
Authorized Sign		m u	h	



13746/144880 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number MID 008 007 308 1 (513) 265-8875 **WASTE MANIFEST** USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 9a. 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) нм Quantity Wit A/ol Type 1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGII, (PCB), ERG លា1 PCB1 45,360 £1171 14. Special Handling Instructions and Additional Information
1. J114097VVDI / PCB contamnated Soil / Unique Container ID: 734A-0187 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Month Day Year PAU BUSCH 16. International Shipment Import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Year Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Type Quantity Residue Partial Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Signature.

OFRACE

Printed/Typed Name

This certificate is to verify the wastes identified as
and specified on Manifest #, Line Item has been landfilled on
in accordance with all local, state and federal regulations by:
Wayne Disposal, Inc.
(EPA I.D. # MID048090633)
49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. At to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company officit having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.
Authorized Signature:



Please print of type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 NIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number (513) 265-8875 WASTE MANIFEST MID 006 007 306 USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 9a. 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Wt./Vol НМ Quantity Type 1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGII, (PCB), ERG PCRI 45,360 GENERATOR #171 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: TSCA-0201 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: 1 hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Signature Month Day Year RUCII PANE 16. International Shipments Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials TRANSPORTER Transporter 1 Printed/Typed Name Signature Month 0 ORVERS Transporter 2 Printed/Typed Name Day 18. Discrepancy 18a. Discrepancy Indication Space Туре Residue Partial Rejection __ Full Rejection Quantity Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: DESIGNATED 18c. Signature of Alternate Facility (or Generator) Month Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Day Month Week To

and speci	fied on Manifest #	010371448 JJK	, Line Item has been landfilled on
	Oct 7., 2013 in	accordance with all	local, state and federal regulations by:
	Wavn	ie Dispo	sal, Inc.
		EPA I.D. # MID048	[HERRETHER HERRETHER CONTROL TO A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF
	Tele	-94 Service Drive, Bellev phone: 1-800-KWALITY Fax: 1-800-KWALFAX (Y (592-5489)
1001 and 15 U.S.C. to the identified sect	2615), I certify that the information(s) of this document for we responsibility for the persons we	nation contained in or according I cannot personally	false or fraudulent statements or representations (18 U.S.C. companying this document is true, accurate and complete. As verify truth and accuracy. I certify as the company official direct instructions made the verification that this information
Authorized S	Signature:	ru u	L



Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNFORMITYAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number (513) 265-8875 MID 006 007 306 **WASTE MANIFEST** 5. Generator's Name and Mailing Address 77 W JACKSON BLVD USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone 6. Transporter 1 Company Name U.S. EPA ID Number MIK 126 399 684 S & C Transport 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13: Waste Codes and Packing Group (if any)) Wt./Vol. Quantity нм Ño. Туре 1. RQ, UN3432, Polychlorinated biphenyls, solid, modure, 9, PGII, (PCB), EKG PCB1 X 001 45,360 14. Special Handling Instructions and Additional Information

1. J114097WDI / PCB contamnated Soil / Unique Container ID: 75CA-0202 Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name PAUL RUSCH 16. International Shipments Export from U.S. Port of entry/exit: Date-leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Fransporter 1 Printed/Typed Name Signatur Transporter 2 Printed/Typed Name 18a. Discrepancy Indication Space Type Residue Quantity Partial Rejection Full Rejection Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

Signature

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

PCB

Printed/Typed Name

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This certificate is	to verify the waste	s identified as	108 511.
and specified	on Manifest #	G 10331449 WIC	, Line Item has been landfilled on
	oct 7, 2013	in accordance with all	local, state and federal regulations by:
	Way	ne Dispo	sal, Inc.
		(EPA I.D. # MID048	
		N. I-94 Service Drive, Bellev elephone: 1-800-KWALIT	
		Fax: 1-800-KWALFAX	
1001 and 15 U.S.C. 2615 to the identified section(s), I certify that the info s) of this document for ensibility for the person	ormation contained in or according which I cannot personally	false or fraudulent statements or representations (18 U.S. companying this document is true, accurate and complete. verify truth and accuracy. I certify as the company officient instructions made the verification that this information
Authorized Signa	ture:	ru w	W. Carlotte and the second sec



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DESIGNATED FACILITY TO GENERATOR

e print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number WASTE MÁNIFEST MID 008 007 306 (513) 265-8875 5. Generator's Name and Mailling Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone 6. Transporter 1 Company Name U.S. EPA ID Number S & C Transport MIK 126 399 684 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) нм Quantity Wit Mal Type 1. RQ, UN3432, Polychlorinated biohenyls, solid, modure, 9, PGII, (PCB), ERG Ont PCR1 45,360 14. Special Handling Instructions and Additional Information
1. J114097WOI / PCB contaminated Soil / Unique Container ID: TSCA - 0185 Storage Start Date: GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. l certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Dav Year Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature 18. Discrepancy 18a. Discrepancy Indication Space Discrepancy Indication Space Quantity Type Residue Partial Rejection ALWAI WIGHT 40730 Kg DK per Mark DV919J W/ EDW SC 10/4/13 Quantity . Full Rejection 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

This certificate is to verify the wastes		reo s.i.)	
and specified on Manifest #	0103314321114	, Line Item	has been landfilled on
Oct 3 Zo13	in accordance with al	l local, state and fede	eral regulations by:
Way	ne Dispo	sal, Inc	•
	(EPA I.D. # MID04		
	. I-94 Service Drive, Belle elephone: 1-800-KWALI		
16	Fax: 1-800-KWALFAX		
Under civil and criminal penalties of law for the 1001 and 15 U.S.C. 2615), I certify that the inforto the identified section(s) of this document for having supervisory responsibility for the persons is true accurate and complete.	rmation contained in or ac which I cannot personall	ecompanying this docum y verify truth and accur	ent is true, accurate and complete. A acy. I certify as the company officia
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Authorized Signature:			



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П	 	I certify that the waste mir		t identified in 40 CFR 262.2	7(a) (if I am a large quanti	ly generator) or (b Signature) (if I am a small q	uantity gen	erator) is true.		Mon	th Day	Year
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ᄩ	18	b. Alternate Facility (or Gene	rator)						U.S. EPA ID N	umber			
됳	٦	cility's Phone:							1				
	18	c. Signature of Alternate Fac	ility (or Generator)			<u> </u>				-	Moi	nth Day	Year
M			<u> </u>										
DESIGNATED FACILITY	19	Hazardous Waste Report M	lanagement Method	Codes (i.e., codes for hazz	rdous waste treatment, d	sposal, and recyc	ing systems)						
芦	1.	PCB		2.		3.			4.				
$\ \ $	20.	Designated Facility Owner of	or Operator: Certific	ation of receipt of hazardous	materials covered by the	manifest except	as noted in Item 18	Ba			 :		
$\ \ $		nted/Typed Name	\ C	111		Signature			$\overline{}$		Mor	nth Day	Year
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<u> </u>						federal regulations by:
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). # MID04		
			Telephone:		eville, Michigan 4811 ГҮ (592-5489) (592-5329)	1
1001 and 15 U.S.C. to the identified sec	2615), I certify the tion(s) of this doc responsibility for t	at the in ument f	formation cor or which I ca	ntained in or a	ccompanying this do ly verify truth and a	statements or representations (18 U.S.C cument is true, accurate and complete. As ccuracy. I certify as the company officianade the verification that this information



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DESIGNATED FACILITY'S COPY

Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4 Manifest Tracking Number 0103314 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS (513) 265-8875 MID 006 007 306 **WASTE MANIFEST** 5. Generator's Name and Mailing Address 77 W JACKSON BLVD USEPA/ PORTAGE CREEK ALLIED Benerator's Site Address (if different than mailing address STOCKBRIDGE: AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: U.S. EPA ID Number 6. Transporter 1 Company Name S & C Transport MIK 126 399 684 U.S. FPAID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL U.S. EPA ID Number 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11 Total 12 Unit 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. 1 RQ, UN3432, Polychlonnated bronenyis, solid, mixture, 9, PGII, (PCB), ERG ani ום 4171 Unique Container ID: TJCA- ON BY Storage Start Date: 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, 1 certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year PAUL KKECH 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name MARK 18. Discrepancy 18a. Discrepancy Indication Space Partial Rejection Full Rejection Achai weight 40240 kg ok per mark Douglas wieam 18b. Alternate Facility (or Generator U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

This certificate is to verify the wast		pcs solul	
and specified on Manifest #	010331435 JJK	, Line Item	has been landfilled on
oct 3 , 2013	_ in accordance with al	l local, state and fed	eral regulations by:
Way	ne Dispo	sal, Inc	
	(EPA I.D. # MID04		
49350	N. I-94 Service Drive, Belle	eville, Michigan 48111	
	Telephone: 1-800-KWALI Fax: 1-800-KWALFAX		
Under civil and criminal penalties of law for 1001 and 15 U.S.C. 2615), I certify that the in to the identified section(s) of this document f having supervisory responsibility for the persons true accurate and complete.	formation contained in or a for which I cannot personal	ccompanying this docur ly verify truth and accu	nent is true, accurate and complete. As racy. I certify as the company official
	IM.		



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Authorized Signature:

Form Approved. OMB No. 2050-0039 Please Drint or type. (Form designed for use on elite (12-pitch) typew 2. Page 1 of 3. Emergency Response Phone Manifest Tracking Number (513) 265-8875 1 AGE CREEK ALLIED Generator's Site Address (if different than mailing address) UNIFORM HAZARDOUS STOCKBRIDGE AVE TO KALAMAZOO RIVER Generator's Name and Mailing Address T 77 W JACKSON BLVD WASTE MANIFEST KALAMAZOO, MI 48001 U.S. EPA ID Number CHICAGO, IL 60604 MIK 126 399 684 U.S. EPA ID Number S&C Transport U.S. EPA ID Number 7. Transporter 2 Company Namy RIVE WAYNE DISPOSAL, INC. SITE #2 LANDFILL MID 048 090 633 8. Designated Facility 2-5489 pesignation Natural Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes Quantity Wt./Vol. No. Туре BEL Sychlormated biphonyls, solid, modure, 9, PGII, (PCB), ERG 001 45,360 14. Special Handling Instructions and Additional Information
1. J114097WDI / PCB contamnated Soil / Unique Container ID: 75 CA - 0190 Storage Start Date 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true Generator's/Offeror's Printed/Typed Name 16. International Shipments Port of entry/exit. Export from U.S. Import to U.S. Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Partial Rejection Full Rejection ALWAL WRIGHT 40009 Kg OK per mark DOUGIGS WIEDM SC 10/4/13 U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: Month Year 18c. Signature of Alternate Facility (or Generator) Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a 20. Designated Facility Signature

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

		tes identified as		
and speci	fied on Manifest # _	010331737 DIE	, Line Item has	been landfilled on
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	Wa	yne Dispo	sal, Inc.	
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		Telephone: 1-800-KWALITE Fax: 1-800-KWALFAX	[20] - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
1001 and 15 U.S.C. 2 to the identified sect	2615), I certify that the intended in the inte	nformation contained in or action of the formation of the	companying this document is y verify truth and accuracy. I	es or representations (18 U.S.C. true, accurate and complete. A certify as the company official erification that this information
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		HICAGO, IL 60 ator's Phone:	604			KALAMAZO			./\!\!\	PIN CO.		
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and specified on Man	ifest # has been landfilled on
	in accordance with all local, state and federal regulations by:
	Wayne Disposal, Inc.
	(EPA I.D. # MID048090633)
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
1001 and 15 U.S.C. 2615), I certify to the identified section(s) of this of	of law for the making or submission of false or fraudulent statements or representations (18 U.S.C.) that the information contained in or accompanying this document is true, accurate and complete. A document for which I cannot personally verify truth and accuracy. I certify as the company official or the persons who are acting under my direct instructions made the verification that this information
Authorized Signature:	me ulu



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Ш				espects in proper condition for				onal governr	nental regulations.	If export sh	ipment and I a	n the Prima	ary
Ш				ignment conform to the terms of identified in 40 CFR 262.27(a)				ll augntity ac	anarator) is true				
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This certificate is to	verify the wastes identified as
and specified on	Manifest #, Line Item has been landfilled on
Oc	in accordance with all local, state and federal regulations by:
	Wayne Disposal, Inc.
	(EPA I.D. # MID048090633)
	49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)
1001 and 15 U.S.C. 2615), I of to the identified section(s) of	alties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C certify that the information contained in or accompanying this document is true, accurate and complete. As this document for which I cannot personally verify truth and accuracy. I certify as the company official ility for the persons who are acting under my direct instructions made the verification that this information.
Authorized Signature:	ru uh



2/22/11

For type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

T		ORM HAZARDOUS ASTE MANIFEST	1. Generator ID Number MID 006	3 007 306	2. Page		ergency Response Pho 513) 265-887		4. Manifest T		imber 1430	ئل ڈ	JK	
	5. Gen 7 7	erator's Name and Mailin W JACKSON	ng Address USEPA N BLVD	PORTAGE CRE	EK ALLI		itor's Site Address (if di				00 BIV	ED.		
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		ignated Facility Name ar	d Site Address WA	YNE DISPOSAL,	INC. SI	TE #2 L	ANDFILL		U.S. EPA ID N	umber 048 09	0 633			
		ELLEVILLE, M /s Phone: (80	II 48111 0) 592-5489		- 5+ -			ı	1 1					
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	ĥ	narked and labeled/placa	rded, and are in all respects	ereby declare that the contents s in proper condition for transport on conform to the terms of the a	rt according to	applicable in	temational and national							
	Gener	certify that the waste mir ator's/Offeror's Printed/Ty	nimization statement identific ped Name	ed in 40 CFR 262,27(a) (if I am				uantity genera	itor) is true.		Mon	ith Day	Year	
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		signated Facility (where	or Operator: Certification of	receipt of hazardous materials	covered by the	manifest exc Signature	ept-as noted in tem 18	la)		Mo	nth _Day	Year	
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This certificate is to verify the wast	tes identified as	reb solul	
and specified on Manifest #	010 33 1 7 36 33/4	, Line Item\	has been landfilled on
oct 3 , 2013	_ in accordance with all l	ocal, state and fed	eral regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

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Authorized Signature:			
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	5. Gei	nerator's Name and Mailing 7 W JACKSON	g Address US	EPA PORTA	AGE CREEK	ALLIED Gen	erator's Site Address	(if different t	han mailing addre	ss)				
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Н		HICAGO, IL 60	604			1.	KALAMAZO	00, MI 4	19001				ľ	
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		signated Facility Name and 9350 N I-94 SE		VVAYNE DI	SPOSAL, IN	C. SITE #2	LANDFILL		U.S. EPA ID I	o48 09	0 633			
ı		ELLEVILLE, MI												
	Facilit	y's Phone: (800) 592-548	9					-					
	9a.	9b. U.S. DOT Description		er Shipping Name, Haz	ard Class, ID Number,	· .	10. Contai	ners	11. Total	12. Unit	13. 1	13. Waste Codes		
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1	15. (GENERATOR'S/OFFEROI	R'S CERTIFICATI	ON: I hereby declare	that the contents of thi	s consignment are fi	lly and accurately de	scribed abov	e by the proper sh	ipping name	and are clas	sified, packa	aged,	
l	Г	harked and labeled/placare Exporter, I certify that the c	ded, and are in all	respects in proper cor	ndition for transport acc	cording to applicable	international and nati	ional governr	nental regulations.	If export shi	pment and I	am the Prima	ary	
-	-	certify that the waste mini	mization statemer	nt identified in 40 CFR	262:27(a) (if I am a lan	ge quantity generato	r) or (b) (if I am a sma	all quantity ge	enerator) is true.		-			
		ator's/Offeror's Printed/Typ PAUL PUES				Signatur I	Too	/			Man I //		1/2	
<u>*</u>		ternational Shipments]					1/1	<u> </u>		
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) FA		y's Phone:									- · · · · · · · · · · · · · · · · · · ·			
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NS!	19. Ha	zardous Waste Report Ma	inagement Method	d Codes (i.e., codes fo	r hazardous waste trea	atment, disposal, and	recycling systems)						<u> </u>	
DESIGNATED FACILITY	1.	PCB	*- <u>a ::::::::::::::::::::::::::::::::::::</u>	2.		3.			4.					
		esignated Facility Owner or	Operator. Certific	ation of receipt of haz	ardous materials cover	red by the manifest e Signatul		n_18a			Mor	ith Day	Year	
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and specifie	d on Manifest #_	C10331443 NK	, Line Item	has been landfilled on
	00+ 4 , 2013	in accordance with al	l local, state and fed	leral regulations by:
	Wa	yne Dispo	sal, Inc	2.
		(EPA I.D. # MID04		
	4935	0 N. I-94 Service Drive, Belle	eville, Michigan 48111	
		Telephone: 1-800-KWALI		
		Fax: 1-800-KWALFAX	(592-5329)	
1001 and 15 U.S.C. 26 to the identified section	(5), I certify that the ho(s) of this document bonsibility for the per	information contained in or act for which I cannot personal	ecompanying this document that the companying the companying the company with the company the company in the co	atements or representations (18 U.S.C ment is true, accurate and complete. As uracy. I certify as the company official de the verification that this information
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The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

Authorized Signature:

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	15.	GENERATOR'S/OFFEROI	R'S CERTIFICATION:	I hereby declare that the co	intents of this consignmen	t are fully an	d accurately desc	ribed above	e by the proper shi	pping name	e, and are clas	ssified, pack	aced.
		marked and labeled/placan	ded, and are in all res	pects in proper condition for to nment conform to the terms of	transport according to app	licable interr	ational and nation						
			mization statement ide	entified in 40 CFR 262.27(a)				quantity ge	nerator) is true.		Mor	nth Day	 Year
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INLT	16. ln	ternational Shipments	Import to U	S.	Export from	U:S.	Port of entry						
		sporter signature (for expor ansporter Acknowledgment		<u> </u>		•	Date leaving	g U.S.:			-		
TRANSPORTER	Trans	porter 1 Printed/Typed Nam	ne	-	Si	nature		 ,			Mor	th Day	Year
NSP	Trans	porter 2 Printed/Typed Nan	ne A	<u>, </u>	ا	gnature		The same of the sa			Mor	nth Day	Year
TRA	10.0	₩ . • . • .			<u> </u>		·						<u> </u>
1		screpancy Discrepancy Indication Spa	ce		·		1		<u> </u>		Г	<u></u>	
		÷	ce Quantity	,	_ Туре	L	Residue		Partial Reje	ection		Full Rej	ection
<u>-</u> ∐.	18b. A	Alternate Facility (or Genera	ator)	<u>er de la companya de la companya de la companya de la companya de la companya de la companya de la companya de</u>	<u> </u>	. Mar	nifest Reference N	Number:	U.S. EPA ID N	umber		٠,	
CILI	•						·						
D FA		ly's Phone: Signature of Alternate Facili	ty (or Generator)			· 	·				Mo	nth Day	r Year
NATE	700.		y (or complaint)			•		•	· · · · · · · · · · · · · · · · · · ·	Ī]""		
DESIGNATED FACILI		azardous Waste Report Ma	nagement Method Co	des (i.e., codes for hazardou	ıs waste treatment, dispos	al, and recyc	ding systems)		14			•	
آ ا	1.	PCB			3.] ^{4.}				
			Operator: Certificatio	n of receipt of hazardous ma			as noted in Item	18a	$\overline{}$				
	rnnæ	d/Typed Name	arbs		20 I	gnature (1) (/I/	nth Day 170	Year
EPA	Form	8700-22 (Rev. 3-05) P	revious editions and	e obsolete.					ESIGNATE	D FAC	ILITY TO	GENE	لگريد RATOR

Form # REC-FM-030-BEL

FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes i		res s.l.)	
and specified on Manifest #	010331442 DK	, Line Item	has been landfilled on
oct 4 , 2013 il	n accordance with all	local, state and fed	eral regulations by:
Wayn	ne Dispo	sal, Inc	
(I	EPA I.D. # MID04	8090633)	
	I-94 Service Drive, Bellev		
	ephone: 1-800-KWALIT Fax: 1-800-KWALFAX		
Under civil and criminal penalties of law for the 1001 and 15 U.S.C. 2615), I certify that the inform to the identified section(s) of this document for whaving supervisory responsibility for the persons was true accurate and complete.	mation contained in or according to the matter of the matt	companying this documy verify truth and accu	nent is true, accurate and complete. As racy. I certify as the company official
Authorized Signature:	mh i	John	



51320

DESIGNATED FACILITY TO GENERA

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved, OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number (513) 265-8875 MID 006 007 306 1 WASTE MANIFEST 5. Generator's Name and Mailing Address .: USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BEVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO IL 60604 KALAMAZOO, MI 49001 Generator's Phone: U.S. EPAID Number MIKIA6399684 6. Transporter 1 Company Name WWO 186 804 398 S & C Transport U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Wt./Vol. Quantity No Type RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGH, (PCB), ERG #171 45,360 11 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. Loertify that the waste minimization statement identified in 40 CFR 262:27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Yéar Generator's/Offeror's Printed/Typed Name Month Dav Craig Thomas 081 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Year R Moeris 08 Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Туре __ Partial Rejection Quantity Full Rejection... Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 48th Printed/Typed Name Signature FPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

OF DISPOSAI CERTIFICATE

FOR MANIFESTED PCB WASTE

		es identified as	rcs s. I.J	
and specif	ied on Manifest #	010588961 2716	, Line Item has been landfilled or	1
	Ay 5 , Zo13	_ in accordance with all	l local, state and federal regulations by:	
	Way	ne Dispo	sal, Inc.	
		(EPA I.D. # MID04	18090633)	
		N. I-94 Service Drive, Belle		
		Telephone: 1-800-KWALIT Fax: 1-800-KWALFAX		
1001 and 15 U.S.C. 2 to the identified section	615), I certify that the infones on (s) of this document for sponsibility for the person	formation contained in or ac or which I cannot personall	of false or fraudulent statements or representations ecompanying this document is true, accurate and coly verify truth and accuracy. I certify as the compay direct instructions made the verification that this is	omplete. As any officia
Authorized Sig	gnature:			



Se 124 14210

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 4: Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone MID 006 007 306 (513) 265-8875 N1 N5 8 8 9 6 N WASTE MANIFEST 5 Generator's Name and Mailing Address USEPA/ PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER CHICAGO, IL 60604 KALAMAZOO, MI 49001 Generator's Phone: 6. Transporter 1 Company Name U.S. EPAID Number MIKIAL 399 674 MID 186 804 399 S & C Transport 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC 49350 N I-94 SERVICE DRIVE MID 048 090 633 BELLEVILLE, MI 48111 Eacility's Phone: (800) 592-5489 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class) ID Number, 10. Containers 11. Total 1 12: Unit-13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol No. Туре RQ, UN3432, Polychlorinated biphenyls, solid, mbdure, 9, PGII, (PCB), ERG 001 PCB1 14. Special Handling Instructions and Additional Information
1. J.114097WD1 / PCB contamnated Soll
Unique Container IDO: 7.3 C.A. 0.1.5
Storage Start Date: 5/71/13 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (If I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Month Day Year Paul 8 Port of entry/exit: Export from U.S. Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Yea Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Residue Partial Rejection - Full Rejection Quantity Manifest Reference Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number 18c. Signature of Alternate Facility (or Generator) Month Day 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) PCB 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in tem 18a-Printed/Typed Name Month

and specified on Manifest # of 10588960 Folk, Line Item has be	en landfilled on
A 5 , 2013 in accordance with all local, state and federal regu	
,, m accordance with an locar, state and rederal regu	nations by.
Wayne Disposal, Inc.	
(EPA I.D. # MID048090633)	
49350 N. I-94 Service Drive, Belleville, Michigan 48111 Telephone: 1-800-KWALITY (592-5489) Fax: 1-800-KWALFAX (592-5329)	
Under civil and criminal penalties of law for the making or submission of false or fraudulent statements of 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I ce having supervisory responsibility for the persons who are acting under my direct instructions made the verification and complete.	ne, accurate and complete. As
Authorized Signature:	



Form # REC-FM-030-BEL

Form Approved. OMB No. 2050-0039 se print or type. (Form designed for use on elite (12-pitch) typewriter.) 4. Manifest Tracking Number UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone (513) 265-8875 WIID 006 007 306 010588959 WASTE MANIFEST 5. Generator's Name and Mailling Address USEPA/PORTAGE CREEK ALLIED Generator's Site Address (if different than mailing address) 77 W JACKSON BLVD STOCKBRIDGE AVE TO KALAMAZOO RIVER KALAMÁZOO, MI 49001 CHICAGO, IL 60604 Generator's Phone: U.S. EPA ID Number /// //CIA6397 684 6. Transporter 1 Company Name -MID-186 604 399 S & C Transport U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number WAYNE DISPOSAL, INC MID 048 090 633 49350 N L94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489 10. Containers 11. Total (9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 12. Unlit 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. Ńο Туре 1. RQ, UN3432, Polychiorinated biphenyle, solid, mixture, 9, PGII, (PCB), ENG 001 PCB1 4. Special Handling Instructions and Additional Information
1: 1114097WDI / PCB contaminated Soil Unique Container IDO: TS(A - OI 5 & Storage Start Date: 5/7/ GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Month Day Year Generator's/Offeror's Printed/Typed Name Import to U.S. Export from U.S.---Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Month Transporter 1 Printed/Typed Name Signature ORRAS 08 Month Transporter 2 Printed/Typed Nam Signature 18. Discrepancy 18a Discrepancy Indication Space ∐Type i Partial Rejection Full Rejection Manifest Reference Number U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) **PCB** 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name

CERTIFICATE

FOR MANIFESTED PCB WASTE

and specif	fied on Manifest #	010588959 77	Line Item	has been landfilled on
	Ay 5, 2013 in ac			
	Wayne	Dispo	sal, Inc	
		A I.D. # MID048		
	Telepho	Service Drive, Bellevone: 1-800-KWALIT 1-800-KWALFAX	Y (592-5489)	
1001 and 15 U.S.C. 2 to the identified secti	615), I certify that the information on (s) of this document for whice sponsibility for the persons who	on contained in or accept I cannot personally	companying this docum verify truth and accur	ements or representations (18 U.S.C ent is true, accurate and complete. As acy. I certify as the company official the verification that this information
Authorized Si		ph h	l.	



REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If weste is osbestos waste, complete Sections I, II, III and IV if waste is \underline{NOT} asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	1a-r)							
a. Generator's US EPA ID Number		b. Man		ent Number		o. Page	1 of ,		
				<u> 1780a - 000</u>		<u> </u>			
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP	ED			e. Generator's Mailing Ar	idress:	SE-5	~		
STOCKBRIDGE AVE TO KALAMAZOO	EN RIVIER			77 W JACKSON BLVD CHICAGO, IL			-) CRAK T	NAMAS	
KALAMAZOO, MI				1		-	_	בימיוטון	
f. Phone:312-353-8360				g Phone: (311)	886-	570	7		
If owner of the generaling facility differs for	om the generator	r, provide:							
h. Owner's Name:				i. Owner's Phone No.:			•	•	
j. Waste Profile #	k. Exp. Date	LI	Waste Ship	ping Name and	m. Co	ontainers n. Total		o. Unit	
5007 11 16254			escription		No.	Туре	Quantity	WiVoi	
5007 11 10234	10/11/12	LC	OW LEVEL	PCB CONT. SOIL	1	1	E27	TONS	
					001	TRA	1		
					<u> </u>	1601			
		J			l		40.20+		
		j			1		140.20 t		
								L	
j		J							
		j				_			
GENERATOR'S CERTIFICATION: I here	by certify that the	above na	med materi	al is not a hazardous waste	as define	by 40 CI	R 261 or any app	licable	
state law, has been properly described, clawaste is a treatment residue of a previousi	assified and pack	caged, and	is in prope to cubicat i	r condition for transportation the Land Disposed Rectal	n according) to applic tife and u	able regulations; /	END, IT INIS	
been treated in accordance with the requir	ements of 40 CF	R 268 and	i is no longe	er a hazardous waste as de	fined by 40	CFR 261	•		
	T		, >, /	2			10012		
PAUL RUESCH		/	~~	<u> </u>		r. Date	7.50152.		
p. Generator Authorized Agent Name (Prin		q. Signatu	end Tears	morter completes lie		r. Date			
II. TRANSPORTER (Gener									
a. Transporter's Name and Address: REPUBLIC WASTE	coenses	Inc	,• 	OUSTRIAL DE	سے ریا یا	•			
\	10100	SEVE	oc in	20031 12(AC 25.	400	Su			
b. Phone: (51) 323 0300	BYRON	CENT	Ex.	MI 49315					
0.006 KL 777		Paralle	711			٦/	37/12.		
c. Driver Name (Print)	d. Sign		e, Dale						
III. DESTINATION (Generate			Dectinati	ion Sita completes Ille					
a. Disposal Facility and Sile Address:	or complete in		EPA Numb						
C&C Landfill		6.03	TLV Millin	a. Distropuncy manu-	uon opuo	_	-051		
14800 P Dr. North		i				190	3981		
Marshell, MI 49068		1.				1 .			
b. Phone: 269-781-9742 I herby certify that the above named materi	ai hae heen gree	ented bad	to the heet	of my knowledge the forego	ing is lave	and accur	ate.		
The by centry wat the above named fluids	in nes ocen acce	Spiceu pinu	Or ale	2	110,100,00) [-			
1 IVI IN Jalia	<u>ノ レ ヤ</u>	X	Seill	タス.ン		$\supseteq c $	-6111	• 	
e. Name of Authorized Agent (Print)	f. Signa				g. Date				
IV. ASBESTOS (Generator o	completes IVa	a-fand C							
e. Operator's Name and Address:			- C	. Responsible Agency Nan	e and Add	ness:	•		
			j						
			į.						
b. Phone:				L Phone:					
e. Special Handling Instructions and Addition	nai information:	-							
. 🗌 Friable 🔲 Non-Friable 🔲 Beih	% Fr	riable		& Non-Friable					
OPERATOR'S CERTIFICATION: I hereby of and are classified, packed, marked and labe	fectare that the c	contents of	this consig	nment are fully and accurate	ely describ	ed above	by proper shipping Inlicable internation	g name nal <i>e</i> nd	
national governmental regulations.									
	}								
. Operator's Name and Tille (Print)	h. Signal	turo		 -	Date				
Operator refers to the company which owns enovation operation or both	, leases, operate	s, control	s, or supervi	ises the facility being demo	Shed or m	novaled i	or the demolition of)r	
enovation operation or both					VI 16	······································	nia salimbitali (" }	

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is expectoe waste, complete Sections I, II, III and IV if waste is \underline{NOT} expectos waste, complete Sections I, II and III

L GENERATOR (General	tor completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum			c. Page	1 of	
d. Generalor's Name and Location:		<u> </u>	<u> 175CA - 000</u>		1		
USEPA PORTAGE CREEK ALLIED PA	PER		e. Generator's Mailing / 77 W JACKSON BLVD	lddress:	SE- 5	~	
STOCKBRIDGE AVE TO KALAMAZOO	RIVER		CHICAGO, IL	_	_	CRAIR	THOMA
KALAMAZOO, MI f. Phone:312-353-8380	•	•	1		-		
If owner of the generaling facility differs	mon the generalor	nmider	g Phonex (312)	886-	7 10	1	
4		Prostro.					
h. Owner's Name:	k, Exp. Date	I Wasto Shin	i. Owner's Phone No.: ping Name and	T en Con	tainen	n. Total	o. Unit
	a. Lap. Seat	Description		No.	Type	Quantity	WWVol
5007 11 16254	10/11/12	LOWLEVEL	PCB CONT. SOIL	1		EST	SMOT
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				00,	TRA	0044	J TON:
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		1					1
	1	}		1 1			1
GENERATOR'S CERTIFICATION: These	he certify that the s	shove named mater	lal is not a bazardous was	le as define	1 by 40 CF	R 261 or any a	policable
state law, has been properly described, d	assilled and packs	oed, and is in proce	r condition for transnouted	on according	to ecolic	shie requisions	E AND, if this
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted hazard moments of 40 CFR	ious waste subject t 288 and is no inco	o the Land Disposal Mess er a bazardom waste so d	1010)19. 1 08 efined by 40	my and w CFR 261	anani wai me	waste nes
PANL RUESCH		De/	<u> </u>	1		8/2012	
p. Generator Authorized Agent Name (Pri	- la	Signature			r. Date		
II. TRANSPORTER (Gene	rator completes	s Ita-b and Trans	soorter completes lic	e).			
a. Transporter's Name and Address:	CAROSS	Tac.					
REPUBLIC WASTE	90101	SECROL IN	OUSTRIAL D	RIVE	Sw		
1			me 49315		_		
b. Phone: (51) 321-0300			<u> </u>	,			
BMAN Albir	Dy	you allo	t	<u> </u>	2/0	a /	
o. Driver Hame (Print)	d. Signa			e. Date		117	
III. DESTINATION (General	or complete Illa						
a. Disposal Facility and Sile Address: C&C Lendilli		c. US EPA Numb	er or rescribency muc	anon ohare	10	602	7
14800 P Dr. North		1					I
Membell, MI 49068 b. Phone: 269-781-9742]			- [}	
Liferby certify that the above gamed major	iel has been acced	ted and to the best	of my knowledge the foreg	oing is true	and accum	ote.	
My Seath	il d	1/1/10	the		くしつ	2/17	
el Name of Authoritzed Agent (Print)	1. Signati			g. Date	- -	-011 (
IV. ASSESTOS (Generator)			complete (Va-i)	LB:			
a. Operator's Name and Address:	outipiocoo i ver		. Responsible Agency Na	ne and Add	1989 C		
		Į.					
•							
b. Phone:			L Phone:				
e. Special Handling Instructions and Additi	oned information;						
1. Frieble Non-Prieble Both OPERATOR'S CERTIFICATION: I besery	% Fria	ble 9	% Non-Friable	Inke danseth	od obase	lu erreser chine	ing game
operation's certification: I nearly and are classified, packed, marked and lab	ucting that his co.	MEDICA DE LA CONSTRUIRA LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE L	endifion for transport by hi	nely vestano	rding to at	iògcapia interni Là horber entità	tional end
national governmental regulations.						-	
g, Operator's Name and Title (Print)	h. Signati	TIP		i. Date			
*Operator refers to the company which our renevation operation or both			rises the fecility being den		enovated,	or the demotile	n or
i visv ruduni Lermanuni LE 12701							

PEPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

ti waste is esbestos waste, complete Sections I, II, iii and iV Ii waste is <u>HVT esbestos waste,</u> complete Sections I, II and iii

L GENERATOR (Generato	r completes is	3-1)						
a. Generator's US EPA ID Number		b. Manifest Docu		•	o. Page 1 of			
d. Generator's Name and Location:		L	<u> 175CA - 00C</u>		<u> </u>			
USEPA PORTAGE CREEK ALLIED PAPE	ER		e. Generator's Mailing A 77 W JACKSON BLVD	GOTESS:	SE-5	T		
STOCKBRIDGE AVE TO KALAMAZOO R		CHICAGO, IL ATTENTION; CLAIG						
KALAMAZOO, MI 1. Phone:312-359-8360		_	(2.)					
If owner of the generaling facility differs for	on the generator.	nowlifer	g. Phones (312)	886-	7 10	<u> </u>		
į.		*						
h. Owner's Name:	k, Exp. Date	I Wiloute Shire	I. Owner's Phone No.: plag Name and	I m Con	tuiners	n. Total	l o. Unit	
		Bescription	· · ·	No.	Туре	Quantity	WWVol	
5007 11 16254	10/11/12	LOWLEVEL	PCB CONT. SOIL			EST	TONS	
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]						50.31 4	-	
}						150.51	ľ	
			 	ļ		ļ	ļ	
	-	•					1	
GENERATOR'S CERTIFICATION: Thereb	w certily that the	above nemed mater	fai is not a hazardous wast	es define	by 40 C	FR 261 or eny app	ilcable	
state law, has been properly described, cla waste is a treatment residue of a previously	culling and marine	ned and is in some	er condition for inensportatio	m eccordin	i to enelic	able regulations: A	AND. If this	
been treated in accordance with the require	/ resurced nazard ments of 40 CFR	ious wasse subject 268 and is no long	er a hazardous weste as di	sined by 40	CFR 251	Herican Character and Als	1905 (1815	
PAUL RUEICH		Dire		1		1/2012		
p. Generator Authorized Agent Name (Print	- -	Signature			c. Date	4-01-		
II. TRANSPORTER (General	ator complete	s ila-b and Tran	sporter completes lic-	e)		······································		
a. Transporter's Name and Address:	CORDES	Ta(.			·····			
REPUBLIC WASTE		SEDLOC IN	LOUSTRIAL DI	RIVE	Sm		1	
()		CENTER ,	MI 49315			295	la.	
b. Phones (51) 321-0300		* 		·····			19+	
Chad Allerding	- 1 GV	ad aller	line		3/2	28/12	<u> </u>	
c. Oriver Name (Print)	d. Signa	ture		e. Date				
III. DESTINATION (Generate	r complete Illa			0 - g)				
Disposal Facility and Site Address: C&C Landiii		a US EPA Numb	er d. Discrepancy Indica	aimi Shars		a		
14800 P Dr. North					- 1	9603	5	
Merehali, Mi 49068 b. Phone: 269-781-9742		}			11	1	I	
Literty certify that the aboys named gasteric	al has been accor	ted and to the best	of my knowledge the foreg	oing is true	and abou	rate.		
I Was Scotte	. 1	WOSH	(E)	6	31	78/10	7	
e. Name of Altiholized Agent (Print)	f. Signati	Va Dav		g. Data	~	2 - (-1 -s		
IV. ASBESTOS (Generator C			complete (Va-i)					
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Add	reset			
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REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is esbestes waste, complete Sections I, II, III and IV if waste is ${\tt NOT}$ ascestes waste, complete Sections I, II and III

I. GENERATOR (General	or completes la	2 -1)					
a. Generator's US EPA ID Number		nent Number		c. Page	a 1 of		
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STOCKBRIDGE AVE TO KALAMAZOO KALAMAZOO, MI		CHICAGO, IL			CRAIS T	HOMA.	
f. Phone:312-353-8360		-	g. Phone: (312)		· 570		
If owner of the generating facility differs to	om the generator,	providec	Remine COLL	4167	210) <u> </u>	
h. Owner's Name:			î. Owner's Phone No.:				-
j. Waste Profile #	k, Exp. Date		ping Name and	m. Co	utainers	n. Total	o. Unit
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b. Phone: (51) 322 - 0300		CENTER ,	m= 49315			COR 118	1 48
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NON-HAZVEDONS SHECIST MASTE & ASBESTOS MANIFEST

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to Page 1 of	HAMINGE IN MANUEL	amusoCl testinsM .	a	a. Generator's UG EPA ID Number				

non-hazardous special waste & Asbestos manifest

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REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If weets is esbestos waste, complete Sections I, II, III and IV if waste is \underline{NOT} esbestos waste, complete Sections I, II and III

L GENERATOR (Gener	ator completes la	H)					
a. Generator's US EPA ID Number		b. Manifest Docum		4 3	c. Page	1 of ,	
d. Generator's Name and Location:			<u> 1750a - 00</u>		1		
USEPA PORTAGE CREEK ALLIED F STOCKBRIDGE AVE TO KALAMAZO KALAMAZOO, MI	APER O RIVER		e. Generator's Mailing 77 W JACKSON BLVD CHICAGO, IL)	SE-S	J Cram 1	HOM
f. Phone:312-353-8360		-	g. Phones (312)	886-	. 5 70	. . .	
If owner of the generaling facility differ	s from the generator,	provide:	Triner CENT	0.00	315	<u></u>	
h. Owner's Name:			i. Owner's Phone No.:				
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GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste la a treatment residue of a previo been treated in accordance with the rec	, classified and packag usly restricted hazard	jed, and is in prope gus waste subject t	r condition for transportat o the Land Disposal Rest	ion accordin rictions. I co	g to applic affly and v	able regulations; / rament that the wa	AND, if th
PAUL RUESCH		122/				1/2012	
p. Generalor Authorized Agent Name (orion in the	Signature			r. Date	7,500,50	
IL TRANSPORTER (Ge			sporter completes lic))			
a. Transporter's Name and Address:		Inc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				············
REPUBLIC WASTE	1010b 2	THE.	OUSTRIAL D	RIUE	Sin	#293	?
b. Phone: (51) 322 - 0300	04000	CEATER ,	Z18py Im)
RICK SIMONS	d. Signatur	65cm		e. Date	_3/	28/12	
III. DESTINATION (Gener	ator complete ille	c and Destinati	ion Site completes II	id-g)			
a. Disposal Facility and Site Address:		c. US EPA Numb			ξ	. (
C&C Landfill			1	1	01	081	
14800 P Dr. North Marshall, MI 49068	j				16	0 8 (
b. Phone: 269-781-9742		A			·	1	
herby certify that the above named ma	erial has been accept	ed and to the best	of my language the fore	eun si gnior		,	
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e. Name of Authorized Agent (Print)	£ Signatu	re en		g. Date			
IV. ASBESTOS (Generato			ompiete (Vg-i)				
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REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If wests is asbestos wasts, complete Sections I, II, III and IV If wasts is <u>NOT</u> asbestos wasts, complete Sections I, II and III

L GENERATOR (General	or completes	la-r)						
a. Generator's US EPA ID Number		D.	Manifest Docum		***	C. Pege	7 of ,	
d. Generator's Name and Location:				ntsca - co	08			
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If owner of the generaling facility differs to	com the generato	C mone	vidor	a Phonex (311)	<u> </u>	<u> </u>		
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GENERATOR'S CERTIFICATION: There	by certify that the	aboy	e named materi	ial is not a hazardous was	te as define	d by 40 Cl	R 261 or any app	licable
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been treated in accordance with the requir	ements of 40 CF	R 286	and is no longe	er a hazardous waste as o	leffned by 40	CFR 281	<u> </u>	
PAUL RUSCH			000			13/2	5/2012	
p. Generator Authorized Agent Name (Prin	6		nature			r. Date		
I. TRANSPORTER (Gener				sporter completes lic)-e)	· · · · · · · · · · · · · · · · · · ·		
a. Transporter's Name and Address:	Coepes		26.					
REPUBLIC WASTE	00100		Deac in	DUSTRIAL D	RIVE	Sw		
/ \	BYRON			ME 49315				
b. Phone: (51) 321 - 6300	10 100.			7,50				
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non-hazardous special waste & asbestos manifest



If weate is achestos waste, complete Sections I, II, III and IV if waste is \overline{MOI} asbestos waste, complete Sections I, II and III

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REPUBLIC BERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

tf waste is esbestes waste, complete Sections I, II, III and IV if waste is <u>NOT</u> asbestes waste, complete Sections I, II and III

L GENERATOR (General	or completes la	3-1)					
a. Generator's US EPA ID Number		b. Manifest Docum			o. Page	1 of	
d. Generator's Name and Location:		<u> </u>	175CA - 00	10	<u>!</u>		
USEPA PORTAGE CREEK ALLIED PAI STOCKBRIDGE AVE TO KALAMAZOO KALAMAZOO, MI 1, Phone:312-363-8380	RIVER		e. Generator's Mailing An 77 W JACKSON BLVD CHICAGO, IL g. Phone: (312)	Ant	-	CLAR T	yow2
If owner of the generating facility differs t	iom the generator,	provide:	g_Prioriet Carri	816-	2 10		
h. Owner's Name:			I. Owner's Phone No.:				
J. Waste Profile#	k. Exp. Date		ping Name and	m. Co	delners	n. Total	o. Unit
5007 11 18254	10/11/12	Description	PCB CONT. SOIL	No.	Туре	Quantity	Wirvol
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GENERATOR'S CERTIFICATION: I here state law, has been properly described, ci waste is a treatment residue of a previous been treated in accordance with the requi-	assilied and packa iv restricted hazard	ged, and is in prope ions waste subject t	r condition for transportation the Land Disposal Restric	a according Mons. I ce) to applicatily and w	able regulations; /	IND. if this
PAUL RUESCH		Foel	-		3/28	1/2012	
p. Generator Authorized Agent Name (Pris		Signature			r. Date		
II. TRANSPORTER (Gene	rator completes	illa-b and Trans	sporter completes lic-	∌)			
a. Transporter's Name and Address: REPUBLIC WASTE	CORDES		OUSTRIAL DA	40E	Sw	FI.	
b. Phones (517) 321-0300	BYRON	CENTER ,	me yasis			100	و_
C. Driver Name (Print)	a. Signal			e. Date	3/2	9/12/ 45	+46
III. DESTINATION (Generate			on Site completes lild				
a. Disposal Facility and Site Address:		c. US EPA Numbe					ſ
C&C Lendfill 14800 P Dr. North Marshall, MI 4806B					10	1624	3
b. Phone: 269-761-9742 I herby certify that the above named materi	al has been screen	for and to the heet	d my knowledge the foreco	inn is inn	and accus	ate.	
4 my Satte		Y/Slott	()		— 1	9/12-	
e. Name of Authorized Agent (Print)	1. Stynati	ine		g. Date		<u> </u>	
IV. ASBESTOS (Generator o	completes IVa-I	and Operator c	omplete IVg-I) . Responsible Agency Nam		-		
a. Operator'e Name and Address:			. Kesponsiole Agency Nam	B SURI PAUV	(ESOL		
b. Phone:		la	Phone:				
e. Special Handling Instructions and Addition	onal Information:						
f. Friable Non-Friable Both	% Fita		Non-Frieble				
OPERATOR'S CERTIFICATION: I hereby of end are classified, packed, marked and laborational governmental regulations.	fectare that the cor	denie of this consid	ment are fully and accurat audition for transport by hig	ely describ hway acco	ed above l ding to anib	by proper shipping plicable internatio	name nal and
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, Operatora Name and Tale (Print)	fr. Signatu			. Date			
Operator refers to the company which own renovation operation or both	s, leases, operates	, controls, or superv	ises the facility being demo	dished or n	moveted,	or the demolition o	H

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If weste is esbestes waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestes waste, complete Sections I, II and III

I. GENERATOR (Generat	or combinies								
a. Generator's US EPA ID Number		b. Manif		nent Number	1.1	c. Page	1 of		
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP STOCKBRIDGE AVE TO KALAMAZOO KALAMAZOO	TER RIVER	<u> </u>		OCII e. Generator's Mailing Address: 77 W JACKSON BLVD SE-S J CHICAGO, IL ATTENTION; CLAIR THOMAS					
f. Phone:312-353-8360 If owner of the generating facility differs for	non the generat	or mondder	· · · · · ·	g.Phonex (311)	886-	· 590	7		
	an Bowlet	or' broamer							
h. Owner's Name: J. Waste Profile #	k, Exp. Date	TIW	laste Shin	i. Owner's Phone No.: ping Name and	en Co	ntelners	I n. Total	o. Unit	
5007 11 18254		Des	scription		No.	Туре	Quantity	WWVol	
3007 11 10234	10/11/12	LO	W LEVEL	PCB CONT. SOIL	1	Į.	EST.	TONS	
<u> </u>					001	TRA	OD	TONS	
			·····				4207	12	
		·							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, ci waste is a treatment residue of a previous been treated in socordance with the requir	essified and per ly restricted haz	kaged, and i	ls in prope o subject i	r condition for transportati to the Land Disposal Restr	on accordin letions. I ca	g to applic	able regulations; A nament that the wa	AND, If this	
PAUL PLESCH	I	-V		7			9/2012		
p. Generator Authorized Agent Name (Prin	nt)	q. Signature	,			r. Date	77		
II. TRANSPORTER (General Address:				sporter completes llo	-e)				
b. Phono: (51) 321 - 0300	CORDES 10100 Byron	SEDLO	ic iv	DUSTRIAL D ME 49315	RIUE		293	46	
C. Driver Name (Print)	us K	call 5.			e. Date	_3/	30/12		
III. DESTINATION (Generate			Destinat	ion Site completes III	d-g)				
a. Disposal Facility and Site Address: C&C Landfill 14800 P Dr. North Marshail, MI 49068 b. Phone: 269-781-8742 I he/by certify that/the above named mater	al has been ac		PA Numb		19	63	<u> </u>		
Jones Rottle		W.	Prit		1	5130	10		
e. Name of Authorized Agent (Print)	1.50	Setture 2	Cu		g. Date	7	(
IV. ASBESTOS (Generator			perator (complete IVg-i)					
a. Operator's Name and Address:				. Responsible Agency Ne	me and Add	lress:			
b. Phone: e. Special Handling Instructions and Addition	onal information	<u> </u>		I. Phone:			 - 		
An Abandelm a officientell month freshings annu Lauren									
 Fitable Non-Frieble Both OPERATOR'S CERTIFICATION: I hereby of and are classified, packed, marked and leb national governmental regulations. 	declare that the	Fitable contents of t all respects i	his consid	i6 Non-Friable priment are fully and accur condition for transport by hi	ately descri ghazy acc	bed above ording to e	by proper shippin oplicable internati	g name onal and	
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, Operator's Name and Title (Print)	h. Sign	aturo			i. Date				
Operator refers to the company which own enovation operation or both	5, 188988, Opera	tes, contrels,	, or super	ises the facility being dem	olished or r	enovated,	or the demotition	ar	

MAR 49068 000653 ENVIRONMENTAL WOALITY MANAGEMENT INC 1800 CARILLON BLUG CINCINNATI, OH 44240 Contract: 5007111626

	T10 T0 F11
SITE TICKET	02387
AMY B	WEIGHMASTER
DATE IN 24 May	2012 12 12 27 pm
DATE OUT 24 Mac	y 2012 12:27 pm
CON101	TSS8
REFERENCE	ORIGIN KALAMAZOO

Gross Weight 145,460.00 lb Stored Tare Weight 51,320.00 lb Net Weight 94,140.00 lb 47.07 TN

Intound - TICKET

ату.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
47.07	TN	SW-CONT SOIL				
		Mani.føst:				NET ANGUNT

REPUBLIC SERVICES

REV 11/09

SIGNATURE _____

RS-F04

TENDERED

CHANGE

CHECK NO.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is esbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

L GENERATOR (Generati	or completes la						
a. Generator's US EPA ID Number		b. Manifest Doc	A 1 A		c. Page	1 of	
			MTSCA - OIS		i	<u> </u>	
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP STOCKBRIDGE AVE TO KALAMAZOO! KALAMAZOO, MI f. Phone:312-353-8360			e. Generator's Mailing Ad 77 W JACKSON BLVD CHICAGO, IL	ATTE	•	CRAIG T	HOMAS
If owner of the generating facility differs fi	nm the generator	nomidae	g. Phone: (311)	886-	290	1	
or and gordening totally united in	on the generator,	provide.					
h. Owner's Name:		···	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	L Waste St Description	ipping Name and	m. Con		n. Total	o. Unit
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				001	TRA	00445	TOIS
·							1 / l
	·					47,017	1
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous	assified and packat iv restricted hazard	ged, and is in pro lous waste subie:	per condition for transportation of to the Land Disposal Restri	n according	to applic	able regulations; /	MD if this
been treated in accordance with the requir		268 and is no lo	iger a hazardous waste as de	fined by 40	CFR 261	•	
Crais Thomas for U.	S, EPA	Con to	<u> </u>		-		
p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date		
II. TRANSPORTER (Gene	rator completes	ila-b and Tra	insporter completes lic-	<u>e)</u>			
a. Transporter's Name and Address: REPUBLIC WASTE		SEDLOC	INDUSTRIAL DE	યાહ	Sw	. 1	
b. Phone: (51) 321 - 0300		CENTER	, MI 49315				
Driver Name (Print)	d. Signal	Dec	ille	e. Date	5/	24/12	
III. DESTINATION (General			ation Site completes Illi		 		
a. Disposal Facility and Site Address:		c. US EPA Nu					
C&C Landfill				<u> </u>	7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\neg \mid
14800 P Dr. North Marshall, MI 49068				· 120		, > 0	/
b. Phone: 2 69-781-9742		2					
A herby certify that the above named mater	ial has been accep	ted and to the be	st of my knowledge the foreg	oing is true	and accur	ate.	
DIY Va		M		er	13.1	/	
M/X OOIREL		Noel			10-7	//2	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	f. Signatu		r complete N/a i)	g. Date	1	- · · · · · · · · · · · · · · · · · · ·	
a. Operator's Name and Address:	completes iva-	and Operato	c. Responsible Agency Nam	no and Add	roce-		
a. opcidus o rama alla radicio.			C responses regardy real	iic and rade			
b. Phone:		;	d. Phone:			c	Ì
e. Special Handling Instructions and Additi	onal Information:			-	. —		
		-			1		,
f. Friable Non-Friable Both	% Frie		% Non-Friable		! -		
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and lat national governmental regulations.	deciale that the co reled and are in all	ntents or this con respects in prope	signment are fully and accurate condition for transport by his	phway acco	rdir. ?	by proper shippin pplicable internati	
		;				1	
g. Operator's Name and Title (Print)	h. Signati	ure		i. Date	†	- , , , , , , ,	
*Operator refers to the company which own	19, leases, operate:	s, controls, or sur	ervises the facility being dem	olished or r	enovated,	ortic molition	or
renovation operation or both	<u>-</u>						



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is esbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

L GENERATOR (Generate	or completes la	a- r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
			nTSCA - 015)		<i>i</i>	
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP			e. Generator's Mailing A	idnes:	5 <i>E - S</i>	·	
STOCKBRIDGE AVE TO KALAMAZOO			77 W JACKSON BLVD CHICAGO, IL			J CLAK T	V0~45
KALAMAZOO, MI					•		HO LAGHA
f. Phone:312-353-8360		·	g. Phone: (3iz)	886-	590	7	
If owner of the generating facility differs fr	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I Waste Shin	ping Name and	m Co	nteiners	n. Total	o. Unit
		Description		No.	Type	Quantity	Wb/Vol
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GENERATOR'S CERTIFICATION: I here	by certify that the	shove named mater	rial is not a hazardons was	a se define	d by 40 C	TR 261 or any any	Nicable
State law, has been properly described, cl	assified and packs	aged, and is in prope	er condition for transportation	on according	e to apolic	able regulations:	AND, if this
waste is a treatment residue of a previous	ly restricted hazan	dous waste subject	to the Land Disposal Restr	ictions. I ce	tify and v	variant that the wi	este has
been treated in accordance with the requir		< 258 and is no long	er a nazardous waste as d	enned by 40	J CFR 261	<u>. </u>	
Craig Thomas for U.	SEMI	Contr	2		-		
p. Generator Authorized Agent Name (Prin	11) 9.	. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes lic	-e)	1		
a. Transporter's Name and Address:	CORDES	Inc.					· · · · · · · · · · · · · · · · · · ·
REPUBLIC WASTE		SERANC IN	LOUSTRIAL D	RUE	Siu		
	RYPM	CEATER.	MI 49315				
b. Phone: (511) 321 - 0300	13 12		7 10 -				
c. Driver Name (Print)	d. Signs	aftire .		e. Date	1		
III. DESTINATION (Generate			tion Site completes III				
a. Disposal Facility and Site Address:	or complete m	c. US EPA Num			<u> </u>		
C&C Landiii		C. OS EFA MUIII	a Disciplination	outer Open	7		
14800 P Dr. North			į		į		
Marshall, MI 49068							
b. Phone: 269-781-9742 I herby certify that the above named mater	ial has been acres	nted and to the best	of my knowledge the fores	oina is true	and accu	rate.	
/ / / / /	1	1			1/2	7	
Al XOOIREL	سر/ ا	1001		5	124	112	
e. Name of Authorized Agent (Print)	f. Signa			g. Date	<u> </u>		
IV. ASBESTOS (Generator	completes IVa			•			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	tress:		
		į.					
b. Phone:			d. Phone:		<u> </u>		
e. Special Handling Instructions and Additi	ional Information:	1					
		:					
f. Friable Non-Friable Both	% Fri	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: Unerely	declare that the c	ontents of this cons	ionment are fully and accur	ately descri	bed above	by proper shippi	по пате
and are classified, packed, marked and let	peled and are in al	Il respects in proper	condition for transport by h	ighway acc	ording to a	pplicable internal	ional and
national governmental regulations.				 -	- 		
	J	:					
g. Operator's Name and Title (Print)	h. Signa	dure		i. Date			
*Operator refers to the company which our	ns, leases, operati	es, controls, or supe	ervises the facility being der	notished or	renovated	, or the demolition	1 OF
renovation operation or both		•			1		

C&C LANDFILL 14800 F 147 MARSHALL MI 49068 000653 ENVIRONMENTAL QUALITY MANAGEMENT INC 1800 CARTLLON BLVD CINCINNATI, OH 46240

Contract: 50071116254

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SITE TICKET GRID Y6 202347 WEIGHMASTER AMY B DATE IN TIME IN 24 May 2012 9:50 am DATE OUT TIME OUT 24 May 2012 9:50 aun VEHICLE ROLL OFF CON101T538 REFERENCE ORIGIN KALAMAZOO

Gross Weight 124,800.00 15 Stored Tare Weight 51,320.00 lb Inbound - TICKET Net Weight 73,480.00 15 36.74 TN

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
36.74	TN	SW-CONT SOIL				
	Bridge State					
		The second secon				
	N.50	New York and the second				
		Maint fest:				
					188	NET AMOUNT

THANK YOU ! HAVE A GREAT DAY ! sesesese HOURS 9696969696 MONDAY THRU FRIDAY 7 TO 4:30 SATURDAY 7:00 TO NOON



CHANGE

TENDERED

CHECK NO.

RS-F04

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is esbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{MOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generati	<u>or completes la </u>	3 -√)					
a. Generator's US EPA ID Number		b. Manifest Docum		***************************************	c. Page	1 of	
			1TSCA - 012	•		i	
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	-1 	 	
USEPA PORTAGE CREEK ALLIED PAP STOCKBRIDGE AVE TO KALAMAZOO			77 W JACKSON BLVD	_	SE-5		
KALAMAZOO, MI	RIVER		CHICAGO, IL	ATTE	กกิงก :	CRAK T	TAMOH
f. Phone:312-353-8360	•		g. Phone: (31)	0.00	~ a.	_	
If owner of the generating facility differs for	om the conomics	manufat.	g.Phone: (311)	886-	7 10	<u> </u>	
and the second s	on an yenem,	, prosum.					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	L Waste Ship	ping Name and	m. Ca	deiners	n. Total	o. Unit
F007 44 40074		Description		No.	Туре	Quantity	WtVol
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GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	ial is not a bazantous was	e as define	d by 40 C	R 261 or any apr	oficable
State law, has been onnoenv described, cl	assilied and nacks	wed, and is in owns	e condition for transportation	nn accordin	n to anotic	able conditioner	AMIT If this
waste is a treatment residue of a previous	ly restricted hazan	dous waste subject i	to the Land Disposal Restr	ictions. I ce	tilly and w	cancent that the us	este has
been treated in accordance with the requir	ements of 40 CFR	268 and is no long	er a hazardous waste as d	efined by 40	CFR 261		
Craig Thomas for U.S.	EJPA .	ditte			5/2	Ulin	
p. Generator Authorized Agent Name (Prin		Signature		····	r. Date	21112	
II. TRANSPORTER (Gene			enorter completee lie		I. LABOUE	······································	
a. Transporter's Name and Address:			aportes contipietes no	<u>= </u>	 		
REPUBLIC WASTE	coepes	Inc.	- (-0 - 0	حد ه	_		
			LOUSTRIAL D		Sw	# 10) (
(-)	RYRON	CENTER ,	MI 49315	•		, ,	
b. Phone: (51)) 321 - 0300		2.	ι				
Al Va Va	10	W/	_		-	124/12	
c. Driver Name (Print)	d. Signa	Cook		e. Date	 	124/12	
			ion Cho comulaton III	1	+		
	or complete me		<u></u>		 		
a. Disposal Facility and Site Address: C&C Landfill		c. US EPA Numb	er d. Discrepancy Indic	ation Space		·	1
14800 P Dr. North			1				
Marshall, Mi 49068					i		
b. Phone: 269-781-9742		1	<u> </u>				
I herby certify that the above named mater	ial has been accep	sted and to the best	of my knowledge the foreg	oing is true	and accur	ate.	
					1		
					<u> </u>		
e. Name of Authorized Agent (Print)	f. Signat			g. Date	1		
IV. ASBESTOS (Generator o	completes IVa-	fand Operator (complete (Vg-i)		1		
a. Operator's Name and Address:		10	. Responsible Agency Na	ne and Add	ress:		
		}					
		}					j
b. Phone:		1.	1. Phonec		1		1
e. Special Handling Instructions and Additi	onal Information	- L.		·	<u> </u>	····	
		:			1		·
					!		
f. Friable Non-Frieble Both	% Fri	able	% Non-Friable		1		
OPERATOR'S CERTIFICATION: I hereby	declare that the co	intents of this consi	priment are fully and accum	ately descri	evods bed	by proper shipping	g name
and are classified, packed, marked and lab	eled and are in all	respects in proper i	condition for transport by hi	ighway acci	nding to a	pplicable internati	ional and
national governmental regulations.			 _	······	ļ		
	*	:					I
g. Operator's Name and Title (Print)	h. Signat	iuma		i. Date			
Operator refers to the company which own	e losses onecet	s controls or some	ukens flue facility holes don		sinematuri	or the demolition	OT
	,, produc		on many seed desi	ا ای تصانصی	www.	w un venturali	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Genera		<u> </u>					
a. Generator's US EPA ID Number	b	. Manifest Docum			c. Page) 1 of	
			1TSCA - 012	·			
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	SE-5		
USEPA PORTAGE CREEK ALLIED PA			77 W JACKSON BLVD				
STOCKBRIDGE AVE TO KALAMAZOO KALAMAZOO. MI	RIVER		CHICAGO, IL	ATTE	ะกกิจา ;	CRAIG T	5 AMOH
f. Phone:312-353-8360			(2)	0 -4	-	_	
	F		g. Phone: (311)	886-	- 210	, <u>}</u>	
If owner of the generating facility differs	nom the generator, pro	ovide:	İ				
h. Owner's Name:							
i. Waste Profile #	k. Exp. Date	1 1 March Chin	i. Owner's Phone No.: ping Name and	1 = 0	-4-1	7	7
1. TOURS IT	it Exp. Date	Description	bud ware are		ntainers	n. Total	o. Unit
5007 11 16254	10/11/12		PCB CONT. SOIL	No.	Туре	Quantity	TONS
	10/11/12	CONTEVEL	PUB CONT. SUIL	ł	l .	EST	IONS
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		ł			1	}	l
	1			1	1	}	1
GENERATOR'S CERTIFICATION: I her	eby certify that the abo	ove named mater	ial is not a hazardous was	te as define	d by 40 C	FR 261 or any apr	olicable
state law, has been properly described, o	dassified and package	d, and is in prope	er condition for transportati	on accordin	of to applic	able regulations:	AND, if this
waste is a treatment residue of a previou	siv restricted hazardou	us waste subject	to the Land Disposal Rest	rictions. I a	ertify and v	warrant that the wa	aste has
been treated in accordance with the requ	irements of 40 CFR 20	68 and is no long	er a hazardous waste as d	lefined by 4	0 CFR 261	ł	
10: 5TT - C-118	C-01	V rack)			ية أسيم	1110	
Craig Thomas for U.S		hi Va			512	29112	
 p. Generator Authorized Agent Name (Pr 		gnature			r. Date		
II. TRANSPORTER (Gen	erator completes I	la-b and Tran	sporter completes lic	;-e)		•	
a. Transporter's Name and Address:		Inc.				~	
REPUBLIC WASTE	Comes	TUC.	LOUSTRIAL D	RIVE	ا ۾		
garage Area	10100 29	Ell con	(DUST IECHE U		Sw		
/- \	RYRON C	ENTER.	MI 49315				
b. Phone: (51) 321 - 0300	10		, , , ,				
Oill's	0.0		_	1		1. 1	
HKOOKAA		ood				124/12	
c. Driver Name (Print)	d. Signatur	e		e. Date			
III. DESTINATION (General	tor complete Illa-c	and Destinat	tion Site completes II	id-a)			
a. Disposal Facility and Site Address:		c. US EPA Numi			P-i		7
C&C Landfill	ŀ	Q. 00 D. 71 Nail	a Date of man	coon opac	~ ~ ~	00/	/ — 7
14800 P Dr. North	i				1-/6	234	- /
Marshall, MI 49068			1			, – ,	
b. Phone; 269-761-9742	ł	Λ	1			· .	
I herby celuly that the above named mate	erial has been accepte	d and to the hest	of my knowledge the fore	noina is true	and accu	rate.	
11 100 1 (1/12)		V 2 0	11/1	1		Ti 11	
V XIVIX VISTON	my L	XV X/	Me	1	6	17411	\bigcirc
e. Name of Authorized Agent (Print)	f. Signature			g. Date	+	 	
				y Date		,	
IV. (ASBESTOS (Generator	completes IVa-t a		·		i		
a. Operators Name and Address:			c. Responsible Agency Na	me and Ad	dress:		_
$\overline{}$						ak.	u.
					-	£	
		1	d Dhanes		1		
b. Phone:	Sianal Information	_ 	d. Phone:				
e. Special Handling Instructions and Add	mousi brownshou;	:					1
		1 .					
e El Paris El Marinesata El Mari	M 952-11	<u> </u>	M NEW PARKE				
f. Friable Non-Friable Bot	h % Friabl		% Non-Friable	alabe de se	in all all are	h. aman shinsh	00 0000
OPERATOR'S CERTIFICATION: I hereb	y deciare that the cont	ents of this consi	griment are tully and accur	ratery descr	med above	s by proper shippir	ny name
and are classified, packed, marked and is	ad are in all re	spects in proper	condition for transport by I	nghway acc	e or grapacy	appacable internati	iouai aug
national governmental regulations.							
	1	:					
				1.5			
g. Operator's Name and Title (Print)	h. Signatur			i. Date			
*Operator refers to the company which or	vns, leases, operates,	controls, or supe	rvises the facility being de	molished or	renovated	i, or the demolition	1 OF
renovation operation or both					1		ľ

TENDERED

CHANGE

CHECK NO

C&C LANDFILL

14800 P DRIVE NORTH

MARSHALL MI

49068

000653

ENVIRONMENTAL QUALITY MANAGEMENT INC

1800 CARILLON BLVD

CINCINNATI, OH 46240

Contract: 50071116254

SITE TICKET GRID 202354 WEIGHMASTER AMY B DATE IN TIME IN 24 May 2012 10:12 am DATE OUT TIME OUT 24 May 2012 10:38 am VEHICLE ROLL OFF COR113T136 REFERENCE ORIGIN KALAMAZOO

00 Gross Weight 136,800.00 lb Tare Weight 53,760.00 lb

Net Weight 83,040.00 1b 41.52 TN

QTY. UNIT DESCRIPTION RATE EXTENSION TAX TOTAL
41.52 TN SW-CONT SOIL..

Macrif@st:

Inbound - TICKET

THANK YOU! HAVE A GREAT DAY!
90000 HOURS 900000 .
MONDAY THRU FRIDAY 7 TO 4:30
SATURDAY 7:00 TO NOON



GNATURE MANUELLE

REV 11/09



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

* If waste is astresion waste, complete Sections I, II, III and IV If waste is <u>NOT</u> astresion waste, complete Sections I, II and III

L GENERATOR (Generate	or completes la	}- -(1- -					
a. Generator's US EPA ID Number		b. Manifest Docu		,	c. Page	1 of	
			MTSCA - 013	S	} _	· <i>i</i>	
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP STOCKERIDGE AVE TO KALAMAZOO (KALAMAZOO, MI	ER RIVER		e. Generator's Mailing A 77 W JACKSON BLVD CHICAGO, IL	Ante	•	CRAK T	ZAMOH
f. Phone:312-353-8360 If owner of the generating facility differs fr	Cha annual	·	g. Phones (312)	886-	<u> </u>	<u> </u>	
in course of the Assessmith Microb division it	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	L Waste Ship	pping Name and	m. Ca	dainers	n. Total	o. Unit
5007 11 18254	10/11/12	Description	PCB CONT. SOIL	No.	Туре	Quantity	WIWol .
	10.012	TOM TEAST	PUB CONT. SOIL	1	ł	EST.	TONS
			·	001	TRA	00445	TONS
				-			
		1		1			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the	above named mate	rial is not a hazardous was	le as define	d by 40 CI	R 261 or any app	dicable
waste is a treatment residue of a previous	ly restricted hazan	lous waste subject	to the Land Disposal Restr	ictions. I ce	dily and w	enant that the wa	enu , ir mis iste has
been treated in accordance with the requir	ements of 40 CFR	268 and is no long	er a hazardous waste es d	efined by 40	CFR 261		
Change Thomas for i	15.62	117			5/	24112	
p. Generator Authorized Agent Name (Prin		Signature			r. Date		
II. TRANSPORTER (Gener	rator complete:	s Ila-b and Tran	esporter completes IIc	-e)	Ţ		
a. Transporter's Name and Address: REPUBLIC WASTE	COEDES	Inc.				#)
NEPODDE WASIE			NOUSTRIAL D		Sw	#11.	3
b. Phone: (511) 321 - 0300	Byron	CENTER,	MI Y9315				
M AUGTIN	/	1/11	estro		5-	24-1	2_
c. Driver Name (Print)	d. Signa		For Oile completes III	e. Date	1	···	
III. DESTINATION (Generate a. Disposal Facility and Site Address:	or complete int	c US EPA Non			<u> </u>		
a. Disposar racing and Site Publiciss. C&C Landfill		C US EFF HUM	or or constant indicate	ation space	Ì		
14800 P Dr. North		1					·
Marshall, MI 49068 b. Phone: 269-781-9742		1				-	
I herby certify that the above named materi	ial has been accep	sted and to the best	of my knowledge the foreg	oing is true	and accur	ate.	
e. Name of Authorized Agent (Print)	f. Signat	TITO		g. Date			
IV. ASBESTOS (Generator o			complete (Va-i)		1		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	liess:		
•							
•		1					
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addition	onal information:	:			1		
		<u></u>		····	<u> </u>		
f. Frieble Non-Frieble Both	% Fri	able	% Non-Frieble	ninhe da an il		has opposed white in	n name
OPERATOR'S CERTIFICATION: I kereby and are classified, packed, marked and lab	eled and am in all	munus or uns cults mspects in proper	gunten, are nuly and accur condition for transport by h	nuny uusun johuse see	ording to s	uy proper sampu meranje internali	onal and
national governmental regulations.					, ,		
]			
g. Operator's Name and Title (Print)	h. Signal	uro		i. Date			
*Operator refers to the company which own			rvises the facility being den		enovated	or the demolition	ar
renovation operation or both			Ç G		,		{

KALLAMAZOO

C&C LANDFILL *** 14800 P DRIVE NORTH
MARSHALL MI
49068
000653 ENVIRONMENTAL QUALITY MANAGEMENT INC
1800 CARILLON BLVD
CINCINNATI, OH 46240

Contract: 50071116254

SITE TICKET GRID 202358 WEIGHMASTER AMY B TIME IN DATE IN 24 May 2012 10:27 am TIME OUT DATE OUT 24 May 2012 1.0 : 50 am VEHICLE ROLL OFF COR105T758 REFERENCE ORIGIN

00 Gross Weight 120,440.00 lb Tare Weight 48,840.00 lb Inbound - TICKET

Net Weight '21,600.00 15 35.80 TN

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
35.80	TN	SW-CONT SOIL				
		Profile In State of the State of				
		Mauri, fest :				
		1 Part Int. Courte of the				
			THE PARTY OF THE P			NET AMOUNT

THANK YOU ! HAVE A GREAT DAY ! 4-IOURS 9696969696 06-06-06-06-06-06 MONDAY THRU FRIDAY 7 TO 4:30 SATURDAY 7:00 TO NOON



SIGNATURE

TENDERED

CHANGE

CHECK NO.

RS-F04

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is NOT asbestos waste, complete Sections I, II, III and IV if waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	tes la-r)						
a. Generator's US EPA ID Number		þ	. Manifest Docu				c. Page	1 of	<u> </u>
d. Generator's Name and Location:				<u> 173</u>	sca-014		1		
USEPA PORTAGE CREEK ALLIED PAPE	er er				enerator's Mailing Ad N JACKSON BLVD	uress.	SE-5.	<u> </u>	
STOCKERIDGE AVE TO KALAMAZOO F	äver				CAGO, IL	Ant	กกิงก ;	CRAIS T	HOMAS
f. Phone:312-353-8360					hone: (312)	001	C 81	-	
If owner of the generating facility differs fro	on the gene	raior, pro	ovidec	19.5	HOME (SIL)	816~	2 10		
h. Owner's Name:		-		1					
j. Waste Profile #	k. Esp. Da	te .	L Waste Shi	noine N	aner's Phone No.:	m Co	Mainers	n. Total	o. Unit
5007 11 16254	424444		Description	-		No.	Туре	Quantity	WeVol
3007 11 10234	10/11/12		LOW LEVEL	. PCB (CONT. SOIL			EST	TONS
1			1			001	TRA	00445	TO 5
						<u> </u>	101	QQQ73	1017
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GENERATOR'S CERTIFICATION: I here!	y certify the	at the abo	ove named mate	rial is r	ot a hazardous wast	as define	d by 40 CF	R 261 or any apr	ficable
state law, has been properly described, cla waste is a treatment residue of a previous	ssilled and	pacicage	d. and is in onco	RF CODE	lition for transportatio	n accordin	n no anniic	able regulations: /	NID if this
been treated in accordance with the require	ments of 4	0 CFR 26	is waste subject 38 and is no long	oeraha	Land Disposai Resuji Izaidous waste as de	cions. 1 ce fined by 41	CFR 261	enent that the we	ste has
Craig Thomas fo			in There					4/12	
p. Generator Authorized Agent Name (Prin	n U. J.C.		mature				r. Date	7112	
II. TRANSPORTER (Gener				soort	er completes lic-	6)			
a. Transporter's Name and Address:	CARA	E5 7	Tac .				1		
REPUBLIC WASTE	10105	> 25	ED LOC 1	مها	STRIAL DE	سرح	Sw	#105	
(-)	RYRO	n C	ENTER ,	M.	= 49315			. (00	
b. Phone: (511) 321 - 0300			,		· · · · · · · · · · · · · · · · · · ·		1		
Carter Dys			t	ZI	===		5-74-12		
c. Driver Name (Print)		Signatur				e. Date			
III. DESTINATION (Generals	r comple								 ,
a. Disposal Facility and Site Address: C&C Landfill		'	c. US EPA Num	ber	d. Discrepancy Indica	tion Space	9		
14800 P Dr. North		1		-					
Marshall, MI 49068 b. Phone: 269-781-9742		Ì	•						
I herby certify that the above named material	al has been	accepted	and to the best	t of my	knowledge the forego	ing is true	and accur	ate.	
							i		
e. Name of Authorized Agent (Print)	- F 5	Signature				g. Date			
IV. ASBESTOS (Generator o				come	lete (Va-i)	<u></u>	!		
a. Operator's Name and Address:					ponsible Agency Nan	ne and Add	hess:		
-									1
•			-						
b. Phone:			<u> </u>	d. Pho	ne:				
e. Special Handling Instructions and Addition	nai bilonna	Honc					1		
							! :		
f. Frieble Non-Frieble Both		% Frieble			Frieble	Andre danced	had abana	ha anana ahianis	
OPERATOR'S CERTIFICATION: I hereby of end are classified, packed, marked and labor	icciait IIIII sied and as	uiu Cuiii ~n ila ni t	aus or vies cons specis in concer	CONCIN.	i die Tuly die 2070e on for himsout he hi	uay uesu! daew acc	ucu auure adina ta s	vy proper snippii oolicable internali	y itsist
national governmental regulations.									
g. Operator's Name and Title (Print)	h.	Signature				i Date			
*Operator refers to the company which come removation operation or both	s, leases, o _f	derates, c	controls, or supe	vises i	he facility being dem	ofished or (enovated,	or the demolition	or

C&C LANDFILL 14800 F DRIVE NORTH MARSHALL MI 49068 000653 ENVIRONMENTAL QUALITY MANAGEMENT INC 1800 CARILLON BLVD CINCINNATI, OH 46240

Contract: 50071116254

SITE TICKET	GRID
Y6 202392	
A. A. C. W.	WEIGHMASTER
AMY B	
DATE IN	TIME IN
24 May 2012	12:59 pm
DATE OUT	12:59 pm
24 May 2012	12:59 pm
ALTHUM T	
VEHICLE COR1.13T136	ROLL OFF
CAUPULLAND LANGO	
REFERENCE ORIGIN	
	KALAMAZOO
	1 of Marie to the Controller

Gross Weight 172,100.00 lb Stored Tare Weight 53,760.00 lb Inbound - TICKET

Net Weight 118,340.00 lb 59.17 TN

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
59.17	TN	SW-CONT SOIL				
		Maini fest:				

THANK YOU ! HAVE A GREAT DAY ! seseses FOURS sesses MONDAY THRU FRIDAY 7 TO 4:30 SATURDAY 7:00 TO NOON



SIGNATURE

TENDERED CHANGE

CHECK NO.

RS-F04

REV 11/09



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestor, siste, complete Sections I, II, III and IV If waste is <u>MOT</u> asbestos waste, complete Sections I, II and III

L GENERATOR (Generato	r completes k	2- Г)						
a. Generator's US EPA ID Number		b. Manifest Docu		/	c. Page	1 of .		
d. Generator's Name and Location:	-	L	ntsca - 01		1			
USEPA PORTAGE CREEK ALLIED PAPE			e. Generator's Mailing / 77 W JACKSON BLVD	wwess:	SE-5			
STOCKBRIDGE AVE TO KALAMAZOO R	EVER		CHICAGO, IL			CRAK T	HOMAS	
KALAMAZOO, MI f. Phone:312-363-8380			- ()					
If owner of the generaling facility differs fro	on the generator	mmider	g. Phones (312)	<u> </u>	· 590	1		
i								
h. Owner's Name: j. Waste Profile #	In Plan Date		i. Owner's Phone No.:					
J. 170305 F TURES &	k. Exp. Date	L Waste Ship Description	pping Name and		ntainers	n. Total	o. Unit	
5007 11 16254	10/11/12		PCB CONT. SOIL	No.	Туре	Quantity	TONS	
				1	1	EST.	10.00	
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	· . <u>· · · · · · · · · · · · · · · · · ·</u>			+	 		+	
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·				l			Į	
GENERATOR'S CERTIFICATION: I hereb	y certify that the	above named mate	rial is not a hazardous was	te as define	d by 40 Cl	R 261 or any ap	plicable	
state law, has been properly described, cla waste is a treatment residue of a previously	ssified and packa	ged, and is in prop	er condition for transportat	ion accordin	g to applic	able regulations;	AND, if this	
been treated in accordance with the require	ments of 40 CFR	tous waste stroject t 268 and is no long	io nie cami Disposai resi er a hazardous waste as (lefined by 4	0 CFR 261	enant det de #	aser necs	
00		(· T)						
p. Generator Authorized Agent Name (Print		Signature	Z		r. Date			
II. TRANSPORTER (General			sporter completes lic					
a. Transporter's Name and Address:	CARASS	700				· · · · · · · · · · · · · · · · · · ·		
REPUBLIC WASTE	10100	SEDLOL 1	LOUSTRIAL D	RUE	Sw			
()	BYRON	CENTER .	m= 49315	-		113		
b. Phone: (517) 322 - 0300	10 1							
MI FILLSTILL		1/ABR	Mar		5/24/12			
c. Driver Name (Print)	d. Signa	ture		e. Date	1			
III. DESTINATION (Generate	or complete illa	a-c and Destina	tion Site completes II	ld-g)				
a. Disposal Facility and Site Address:		c. US EPA Mum	ber d. Discrepancy Indi	cation Space	BC			
C&C Landfill 14800 P Dr. North					ļ			
Marshall, MI 49068		1	ļ		1			
b. Phone: 269-781-9742. I herby certify that the above named materia	-1 has been asses	to de the best	of any length day the form	anian in tax	and ocean	roto		
I herby certify that the accord materia	M ISAS DECAI ACASE	HEO SHU IV DIE DES	O HAY INDUSTRUCTOR GIO LOTO	guard 15 and				
					;			
e. Name of Authorized Agent (Print)	f. Signal			g. Date				
IV. ASBESTOS (Generator o	completes IVa	f and Operator	complete IVg-I)		<u> </u>			
a. Operator's Name and Address:			c. Responsible Agency N	शास आर स्ट	Oress.			
		. [
h Firemen		ļ	d. Phone:					
 b. Phone: e. Special Handling Instructions and Addition 	nal Information:		Q. I House.		- 		***	
					}			
f. Friebte Non-Friebte Both	% Fri	iahla	% Non-Frishle					
OPERATOR'S CERTIFICATION: I hereby (lectare that the c	colords of this cons	imment are fully and accu	rately descr	bed above	by proper shippi	ng name	
and are classified, packed, marked and lab	eled and are in al	respects in proper	condition for transport by	highway acc	conding to a	pplicable interna	lional and	
national governmental regulations.	·			 			<u> </u>	
•	ı	· ·						
g. Operator's Name and Title (Pdnt)	h. Signa	eat		i. Date				
*Operator refers to the company which own	s, leases, operate	es, controls, or supe	evises the facility being de	molished or	renovated	, or the demolillo	r or	

C&C LANDFILL 14800 P DRIVE NORTH MARSHALL MI 49068 000653 ENVIRONMENTAL QUALITY MANAGEMENT INC 1800 CARTLLON BLVD CINCINNATI, OH 46240

Contract: 50071116254

SITE TICKET	2399		GRID
AMY B		WEIGHN	MASTER
DATE IN 24 Macy	2012	1.11	TIME IN . 25 pm
DATE OUT 24 Mag	2012	1.	TIME OUT # 200 part
VEHICLE COROLOST	1758		ROLL OFF
REFERENCE	ORIGIN		KALAMAZOO

Gross Weight 164,780.00 lb Stored Tare Weight 48,840.00 lb Inbound - TICKET

Net Weight 115,940.00 15 57,97 TN

QTY.	UNIT	DESCRIPTION RATE		EXTENSION	TAX	TOTAL
57.97	TN	SW-CONT SOIL				
		Manifest:				
		That the twin or a				

THANK YOU! HAVE A GREAT DAY! remember FIGURS amended MONDAY THRU FRIDAY 7 TO 4:30 SATURDAY 7:00 TO NOON



TENDERED CHANGE

CHECK NO.

SIGNATURE_

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

L. GENERATOR (Generate	or comple	etes la-r)						
a. Generator's US EPA ID Number		b.	Manifest Docu	ment Number		c. Page	1 of	•
				MTSCA - OF		<u> </u>		
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP	FR	•		e. Generator's Mailing A 77 W JACKSON BLVD	uddress:	SE-5	7	
STOCKBRIDGE AVE TO KALAMAZOO				CHICAGO, IL			CRAIG T	ZAMOH
KALAMAZOO, MI				1		•	_	
f. Phone:312-353-8360				g. Phone: (312)	886-	590	7	
If owner of the generating facility differs for	om the ger	nerator, prov	ride:					
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. D	Date	L Waste Sh	ipping Name and	m Co	ntainers	n. Total	o. Unit
		Description			No.	Туре	Quantity	WtVol
5007 11 16254	10/11/12		LOW LEVE	L PCB CONT. SOIL			EST	TONS
1	{					i	•	
	1		l		100	TRA	00445	TONS
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1					1	[
			}		}	l		
						k		,
			1		1		1100	ITM
							\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
GENERATOR'S CERTIFICATION: I here	by cortific t	hat the obe	in named mat	priol in not a homeodorn une	to so deline	4 by 40 Ct	D 264 ex emplement	Finable
state law, has been properly described, cl	assified an	d packaged	e named mar , and is in oro	condition for transportat	ion accordin	d to anolic	able regulations: A	ND if this
waste is a treatment residue of a previous	ly restricte:	d hazardous	waste subject	t to the Land Disposal Rest	rictions. I ce	utily and w	ramant that the wa	ste has
been treated in accordance with the requi	rements of	40 CFR 26	3 and is no lor	ger a hazardous waste as o	iefined by 4	CFR 261	•	
Craig Thomas for U.S	CPA		The				5/24/12	
p. Generator Authorized Agent Name (Pri		q. Sig	nature			r. Date	373-771	
II. TRANSPORTER (Gene		npletes lla	a-b and Tra	nsporter completes II)-e)			
a. Transporter's Name and Address:	CAR	DES T	26.			1		· ·
REPUBLIC WASTE	1070	0 5	DEOL 1	NOUSTRIAL D	RIVE	500 =	¥	1
, \	0.10	· / / /	5000E	, MI 49315	-	700 7	¥ 105	ì
b. Phone: (51) 321 - 0300	12 4 50	on C1	_// 16	i his yasis	•			1
C=====================================					T	-1	24/12	
Carter Dys		no			1	12/-	24 // Z	
c. Driver Name (Print)		Signature			e. Date			
III. DESTINATION (Generat	or compi					<u> </u>		
A. Disposal Facility and Site Address: C&C Landfill		C	. US EPA Nur	nber d. Discrepancy Indi	cation Space	K.		
14800 P Dr. North		1		1	2 290	3		
Marshall, Mi 49068			_		\cup \cup \cup \cup		/	f
b. Phone: 269-781-9742						 	/	<u> </u>
I herby certify that the above named mater	121 has bee	a accepted	and to the be	st of my knowledge the fore	going is true	and accu	rate.	
V my Beatti	~	J-W	*	the state of the s	1 1	ナル	4117	
e. Name of Authorized Agent (Print)		Signature	<u> </u>		g. Date) -		
IV. ASBESTOS (Generator			nd Operator	r complete IVa-i)		1		
a. Operator's Name and Address:			ороли	c. Responsible Agency Na	me and Add	iress		
or operator of the later and the								1
								1
b. Phone:				d. Phone:			€ #	
e. Special Handling Instructions and Additi	onal Inform	nation:	i.	4. 1 1151.6.		 		
ar approximation of the second and a second		-						i
				A	···		··	
f. Friable Non-Friable Both	doden #	% Friable		% Non-Friable		had at a	hu arana chincii	
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and lai	veciale ini	ar in all couler	ius of uns con nacts in arras	signment are tully and accuracy by	ialely desch biohway acc	omine to s	: by proper snippin Indicable intercati	Post and
ano are classineo, packeo, maikeo and iai national dovernmental regulations.	repoutable i	an its	hane in blobe	a winding for neitsport by i	Minaga and	~use 10 6	Abarane masman	
					1	1		
		. 67			1			
g, Operator's Name and Title (Print)		. Signature		andrea the fast take	i. Date			
*Operator refers to the company which ow renovation operation or both	is, wases,	operates, c	uiuus, or sup	civises we raciny peing de	moished of	IENOVEUBO	, or the demoniton	ar

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} isbestos waste, complete Sections I, II and III

		٠٠ الله الله الله						
I. GENERATOR (General	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest D	current	Number		c. Page	1 of	
			177	13CA - 01	1		1	
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAP			0.	. Generator's Mailing A	ddress:			
STOCKBRIDGE AVE TO KALAMAZOO	TEK RRÆR			W JACKSON BLVD		SE-5		
KALAMAZOO, MI	.4451			HICAGO, IL		•	CRAIG T	HOMAS
f. Phone:312-353-8360		·.	۱۵	Phone: (311)	886-	- 590)	
If owner of the generating facility differs to	rom the generator,	provide:					 	
h. Owner's Name:			١.	<u> </u>				
i. Waste Profile #	k. Exp. Date	i. Owner's Phone No.:					T - #	
	a. Lap. Desc	Descripti	स्थ खार्मिकार्ध	l venes son	No.	ntainers Type	n. Total Quantity	o. Unit WWVol
5007 11 16254	10/11/12			B CONT. SOIL	1	1700		TONS
	l	- 1			İ	i	EST	
	İ	}			100	TRA	00445	TOIS
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	<u> </u>]		<u> </u>
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		i			j	1		ŀ
					.1	<u> </u>		
GENERATOR'S CERTIFICATION: I have	by certify that the	above named m	aterial i	s not a hazardous was	te as define	d by 40 Cl	R 261 or any app	ficable
state law, has been properly described, cl waste is a treatment residue of a previous	assined and pade A rechisted becom	iged, and is in p	soper co	ndition for transportati	on accordin	g to applic	able regulations; /	AND, if this
been treated in accordance with the requi	rements of 40 CFR	268 and is no	oncer a	hazardous waste as d	efined by 4	CFR 261	- AND THE COLUMN THE WAS	S05 1MB
		N VI				1	4	
Craig Thomas for U.S.	CPT I	Cy IW	<u> </u>			ļ <u>.</u>	5/24/12	=
p. Generator Authorized Agent Name (Prin		Signature	··	4		r. Date		
II. TRANSPORTER (Gene			ranspo	mer completes lic	:e)			
a. Transporter's Name and Address: REPUBLIC WASTE	COEDES	Inc.			حرد ۵		ı i	
				USTRIAL D		Sw a	4 105	
/= 3	BYRON	CEATER	, 1	n= 49315			103	
b. Phone: (51) 321 - 0300			•			<u> </u>	24/12	
Carter Dus	-	it !	4	>	l	7/	24/12	
c. Driver Name (Print)	d Signa				e. Date	1		
III. DESTINATION (Generate			ination	Site completes III		1		
a. Disposal Facility and Site Address:				d. Discrepancy Indic				``
C&C Landfill						1		- 1
14800 P Dr. North				}				1
Marshail, Mi 49068 b. Phone: 269-781-9742							•	İ
I herby certify that the above named mater	ial has been accer	ved and to the l	est of n	v knowledge the force	noino is true	and accur	ate.	
			 H	.,				
					<u> </u>	<u> </u>		
e. Name of Authorized Agent (Print)	f. Signat	ше			g. Date	ļ		
IV. ASBESTOS (Generator	completes IVa-	fand Operal	or con	nplete IVg-i)		-		
a. Operator's Name and Address:			C.R	esponsible Agency Na	me and Ada	fress.		
·			1			İ		}
			1					
b. Phone:			d.P	honec		1		
e. Special Handling Instructions and Additi	onal Information:							
•		:				;]
A Figure 17 No. Com.	0/ P÷	abla	0/ A	La Eighla		1		
1. Frieble Non-Frieble Buth OPERATOR'S CERTIFICATION: I hereby	% Fris	unterite of this or	75 N	loo-Friable ent are fully and accur	atabi doceri	hod ahma	by oxoger shinnin	o came
and are classified, packed, marked and lab	eled and am in all	respects in our	DEL COU	illion for transport by h	inhuay acc	ordino to a	colicable internali	onal and
national governmental regulations.								
		: :						
a Operatoria Nicona and Tilla Water	- -				I Pari			
g. Operator's Name and Title (Print) *Operator refers to line company which over	h. Signal			- flor destilles balance	i Date		andro de constitue	
renovation operation or both	is, ameri, upriciti	e, comos, of S	ADEL ARE	र प्रस्थ साधारं प्रथमि वस	wisien of	enveled,	or for delinomon	व्य



NON-HAZARDOUS SPECIAL WASTE & ASBESTON

If waste is asbestos waste, complete Sections I, II, III and IV if waste is \underline{NOT} asbestos waste, complete Sections I, II and III

L GENERATOR (Gener	ator completes				··		
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	7	c. Page	1 of	
d. Generator's Name and Location:	·		175CA - 01° J. e. Generator's Mailing A	dimer	1		
USEPA PORTAGE CREEK ALLIED P	APER		77 W JACKSON BLVD		5E-5		
STOCKBRIDGE AVE TO KALAMAZO	O RIVER		CHICAGO, IL	ATTE	กกิงก ;	CRAIL T	HOMAS
KALAMAZOO, MI f. Phone:312-353-8360			a Phone: (31)	0 01	~ ~ ~	2	
If owner of the generating facility differ	s from the generals	r nomirler	g Phone: (311)	886-	210	·	
	o wan are general	, provide.					
h. Owner's Name:	14 5- 5-	1.00	L Owner's Phone No.:				1 - 11 5
1 - vvacus Figure #	k. Exp. Date	Description	ping Name and	No.	ntainers Type	n. Total Quantity	o. Unit WWO
5007 11 16254	10/11/12		PCB CONT. SOIL	1	1,700	EST	TONS
						1	
		}		poi	TRA	00445	TONS
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				1	ł	ì	}
·					L		1
		T					I
	{				H		1
					<u> </u>		<u> </u>
GENERATOR'S CERTIFICATION: 1h	eneby certify that the	e above named mate	rial is not a hazardous was	ste as define	d by 40 C	FR 261 or any app	olicable
state law, has been properly described waste is a treatment residue of a previo	, classined and pact ously restricted haza	kageo, and is in prop indous waste subject	er communition for transportation to the Land Disposal Resi	rictions. I c	entify and r	wanant that the wa	este has
been treated in accordance with the re-	quirements of 40 CF	R 268 and is no long	per a hazardous waste as o	defined by 4	0 CFR 26	l <u>. </u>	
Craig Thomas for U.	SIGPA	C -	~		11		
p. Generator Authorized Agent Name (Print)	q. Signature			r. Date		
II. TRANSPORTER (Ge	nerator complet	es Ila-b and Tran	rsporter completes lic	c-e)			
a. Transporter's Name and Address:	CORDES						
REPUBLIC WASTE	10100	SEDEOL 1	NOUSTRIAL C	BRUE	Sw		
	04404	CENTER .	MI 49315	5			
b. Phone: (511) 321 - 0300) 10	2					
Al KOOKE	- 1/4	1 Look			177	4/12	
c. Driver Name (Print)	d. Sign	nature		e. Date	1		
III. DESTINATION (Gene	rator complete I	lla-c and Destina	tion Site completes I	lid-g)	<u> </u>		
a. Disposal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Indi	cation Spac	9 .		
C&C Landfill 14800 P.Dr. North		ł			}		
Marshall, MI 49068			<u> </u>				
b. Phone: 259-781-9742					<u> </u>		
I herby certify that the above named ma	ivenai nas peen acc	epied and to the des	t of the knowledge are lote	going is our	and accu	1808.	
				1	i		
e. Name of Authorized Agent (Print)	f. Sign			g. Date			
IV. ASBESTOS (Generati	or completes IVa				1		
a. Operator's Name and Address:		1	c. Responsible Agency No	ame and Ad	dress:		
		1			ĺ		
b. Phone:							
e. Special Handling Instructions and Ad	dilional Information		d. Phone:				
o. Openia i manning mentratura entr re-	CHICONEL BRUNISHERSE.	•					
					_		
f. Friable Non-Frieble Bo	m % Fi	riable	% Non-Friable		1		
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	labeled and are in a	ul respects in proper	condition for transport by h	albiy descri	Deciabove	by proper shippin	g name
national governmental regulations.					- w m		HIIC
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date	+		
*Operator refers to the company which o	ums, leases, operat	tes, controls, or supe	vises the facility being der	nolished or	renovated	or the demolillon	or
renovation operation or both							- }



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

ti waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

L GENERATOR (Generati	or completes la						
a. Generator's US EPA ID Number		b. Manifest Docu	A 1	9	c. Page	1 of	
d. Generator's Name and Location:	1	·	NTSCA - O e. Generator's Mailing A		<u> </u>		
USEPA PORTAGE CREEK ALLIED PAP	ER		77 W JACKSON BLVD	uniess.	SE-5.	<u> </u>	
STOCKBRIDGE AVE TO KALAMAZOO KALAMAZOO, MI	RIVER		CHICAGO, IL	ATTE	י הפתות	CRAIG T	ZAMOH
f. Phone:312-353-8360			g. Phone: (312)	886-	C90	. T	
If owner of the generating facility differs fr	om the generator,	provide:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	010	3 10		
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	L Waste Shi	pping Name and	m. Ca	dainers	n. Total	o. Unit
5007 11 18254	10/11/12	Description	- -	No.	Туре	Quantity	WtVol
1	10/10/2	TOM TEAE	PCB CONT. SOIL			EST	TONS
				001	TRA	00445	TOIS
				 	1.01	00413	1014
1				İ			
				+			
				1			
		- 1					1
GENERATOR'S CERTIFICATION: I have	by certify that the a	bove named mate	rial is not a hazardous was	te as define	by 40 C	R 261 or any app	dicable
state law, has been properly described, ca waste is a treatment residue of a previous	assined and packag by costricted bazant	ged, and is in prop love weeks subject	er condition for transportati to the Land Diamest Root	on accordin	to application	able regulations; A	AND, if this
been treated in accordance with the requi	ements of 40 CFR	268 and is no lon	per a hazardous waste as d	efined by 40	CFR 261	·	305 105
Craig Thomas for U.S	. EPA (in The				5/24/12	
p. Generator Authorized Agent Name (Prin	nt) q.:	Signature			r. Date		
II. TRANSPORTER (Gener	rator completes	illa-b and Tra	nsporter completes ilc	·e)	·	<u> </u>	
a. Transporter's Name and Address: REPUBLIC WASTE	COEDES	Inc.	NOUSTRIAL D	محديده	l _		1
					Sw	#113	
b. Phone: (517) 321 - 0300	Byron "	CENTER ;	AE . Ad312			<i>,,</i> , ,	
M AUSILA		1 1/14	tn	T	5/24/12		
c. Driver Name (Print)	d. Signat	TIME V V V		e. Date	+ 2	124112	
III. DESTINATION (General			ition Site completes III				
a. Disposal Facility and Site Address:			ber d. Discrepancy Indic				
C&C Landfill							
14800 P Dr. North Marshall MI 49068			1		1		
b. Phone: 269-781-9742					<u> </u>		
I herby certify that the above named mater	al has been accept	ted and to the bes	t of my knowledge the foreg	oing is true	and accur	ate.	
			_	l			
e. Name of Authorized Agent (Print)	f. Signatu			g. Date	!		
IV. ASBESTOS (Generator o	completes IVa-1	and Operator					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	ress		Ì
		İ					
b. Phone:			d. Phone:				Ì
e. Special Handling Instructions and Additi	onal Information:		C i izvisi.		 		
					}		
t. 🗌 Friable 🔲 Non-Friable 🔲 Both	% Fria	Ma	% Non-Frieble		 		
OPERATOR'S CERTIFICATION: I licreby	declare that the co	ntents of this cons	imment are fully and accur	ately descri	ed above	by proper shippin	g name
and are classified, packed, marked and lab	eled and are in all	respects in proper	condition for transport by h	ighway acc	ording to a	pplicable internati	onal and
national governmental regulations.		<u> </u>		,	-		
g. Operators Name and Title (Print)	h. Signatu	пе		i. Date			
*Operator refers to the company which own	ः, स्टास्टाः, क्लासा	s, controls, or supe	evises the recitly being den	nousred of I	enoveted,	or the demolition	ar



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV if waste is \underline{NOT} asbestos waste, complete Sections I, II and III

L GENERATOR (Generate	or completes is	2- 1')					
a. Generator's US EPA ID Number		b. Manifest Doc			c. Page	1 of	
			711-0-1	20	<u> </u>		
d. Generator's Name and Location: USEPA PORTAGE CREEK ALLIED PAPE	FR		e. Generator's Mailing A		SE-5	~	
STOCKBRIDGE AVE TO KALAMAZOO R	SVER		77 W JACKSON BLVD CHICAGO, IL			CRAK T	Yomes
KALAMAZOO, MI			1 .		•		1.01.0.0
f. Phone:312-353-8360 If owner of the generating facility differs for	m the constant		g. Phone: (311)	886-	<u> </u>	<u> </u>	
or the generaling meany enters he	an the generator,	broamer.	İ				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		ntainers	n. Total	o. Unit
5007 11 16254	10/11/12	Description LOW LEVE	L PCB CONT. SOIL	No.	Туре	Quantity	TONS
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				001	TRA	00445	TONS
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GENERATOR'S CERTIFICATION: I heret	by certify that the	sbove named mat	erial is not a hazardous was	te as define	d by 40 C	R 261 or any apr	ficable
state law, has been properly described, cla	ssilied and packs	ced, and is in pro	er condition for transportati	on accordin	d to anolic	able regulations: /	AND if this
waste is a treatment residue of a previously been treated in accordance with the requin	y resuiced nazero ements of 40 CFR	ious waste subject 268 and is no ion	t to the Land Disposal Rest nor a hazardone waste se d	rictions, I Ci lefinari by Al	Hilly and w	errant that the we	este has
to all the second of the secon			gor a real mood mode as c	MINOU MY T	G 11201	1 1	
Crain Thomas for U.S. p. Generator Authorized Agent Name (Print	: 1244	<u> </u>				5/24/1	<u> </u>
II. TRANSPORTER (Gener		Signature	nonador completos lle		r. Date		
a. Transporter's Name and Address:			instruction completes inc	~=)	 		
REPUBLIC WASTE	COEDES	マントンド 1 イング・	NOUSTRIAL D	RUE	Sw		
					سر		
b. Phone: (511) 321 - 0300	Byron	CCV 15-	1 MI 49315				
				T		-1 /	
c. Driver Name (Print)	d. Signa	Cont I		e. Date	5/24/12		
III. DESTINATION (Generate			ofina Site completes III		 		
a. Disposal Facility and Site Address:	oonpies me	<u> </u>	ther d. Discrepancy Indic		1		
C&C Landfill					1		1
14800 P Dr. North Marshall, Mi 4906 8			i				
b. Phone: 269-781-9742							
I herby certify that the above named materia	al has been accep	ted and to the be	at of my knowledge the foreg	going is true	and accur	ate.	
_]				1		•
e. Name of Authorized Agent (Print)	f. Signat	ure .		g. Date			
IV. ASBESTOS (Generator o			complete (Va-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	tress:		
•							
					!		
b. Phone: d. Phone:							
e. Special Handling Instructions and Addition	nal Information:	;					
		:			1		
f. Friebte Non-Friebte Both	% Fri		% Non-Friable		Ì		
OPERATOR'S CERTIFICATION: I hereby o	fectare that the co	intents of this con	signment are fully and accur	ately descri	bed above	by proper shippin	g name
and are classified, packed, marked and laborational governmental regulations.	lle di ene bane beg	respects in prope	r condition for transport by h	ighway acc	ording to a	pplicable internafi	onal and
conside Abstraction to Indicates.				1	+		
g. Operator's Name and Title (Print)	ti. Signat		11. 2. The last of the last of	i. Date		and the state of t	
*Operator refers to the company which own renovation operation or both	s, souses, operate	s, connus, or sep	area on extent being der	DUENEG OF	enovated,	ar the demonition	or



Michigan Department of Natural Resources and Environment, Environmental Resource Management Division SCRAP TIRE TRANSPORTATION RECORD

This form provides the information required by Part 169, Scrap Tires, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. THIS IS THE ONLY FORM APPROVED FOR USE BY THE MICHIGAN DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENT.

MANIFEST #: 068-28-1	VEHICLE/TRAILER#:
This form shall be completed and signed by the scrap tire hauler at the time of	collection from the generator. This form shall also be completed and signed by a scrap tire generator or
	ty. A copy shall be retained by the generator before the hauler leaves his site. The end m upon receipt of the scrap tires, retain a copy for their records, and within thirty (30) days, forward a
copy of the completed form to the generator. The original copy shall be ret	
PART 1: SCRAP TIRE GENERATOR CERTIFICATION	Consolidated Load
NAME:	
. 21 2	Passenger Car Truck Oversized Passenger tire equivalents
USEPA Region S	Gross Weight Tare Weight Net Weight
MAILING ADDRESS.	VOLUME/WEIGHT OF PROCESSED TIRES (CUT, SHREDDED, ETC.) TO BE TRANSPORTED:
77 W. Jack-Son Blod	-7
	DATE PROCESSED: 5
CITY: STATE: ZIP CODE:	I hereby certify that the above indicated scrap tires were collected in the normal course of business in County, and are destined to be transported to the facility indicated in Part 3 below
Ch: 60604	I certify under penalty of law that the information contained on this form, to the best of my knowledge and
PHYSICAL ADDRESS:	belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment
0.	for knowing violations.
CITY: STATE: ZIP CODE:	
CITY: STATE: ZIP CODE:	SCRAP TIRE GENERATOR AUTHORIZED SIGNATURE:
Kulomazoo MI 49001	AUTHORIZED SIGNATURE:
COUNTY:	PRINT NAME: Cag Thomas
PHONE # (INCLUDING AREA CODE):	DATE: 8/28/12
	DAIE. 01 VII2
513-304306)	
PART 2: SCRAP TIRE HAULER CERTIFICATION MI SCRAP TIRE HAULER REG. #: OTHER ID #	The december of the december o
MI SCRAP TIRE HAULER REG. #: OTHER ID # (IDENTIFY STATE):	I hereby certify that on this date the above indicated scrap tires were received from the scrap tire generator identified in Part 1 of this form for delivery to the facility identified in Part 3 of this form. I
H-IN-11-0930 IN 020-T-00568	certify under penalty of law that the information contained on this form, to the best of my knowledge and
NAME:	belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for
Tire Reclaimers, LLC	knowing violations.
MAILING ADDRESS:	SCRAP TIRE HAULER
57858 Charlotte Ave.	AUTHORIZED SIGNATURE: MANN
	D Co Sik
CITY: STATE: ZIP CODE:	PRINT NAME: Quell'
Elkhart IN 46517	DATE:
PHONE # (INCLUDING AREA CODE):	GROSS WEIGHT: TARE WEIGHT:
574-596-9852	NET WEIGHT:
314-330-3032	TOTAL PASSENGER TIRE EQUIVALENTS:
PART 3: SCRAP TIRE END USER/PROCESSOR/DISPOSER (
MI SCRAP TIRE COLLECTION SITE REG. #:	I hereby certify that this facility is approved to receive scrap tires and that I have received the above scrap tires indicated in Part 1 in accordance with that authorization. I certify under penalty of law that the
NAME:	information contained on this form, to the best of my knowledge and belief, is true, accurate
Entech, Inc.	and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of a fine and imprisonment for knowing violations. I certify that
PHYSICAL ADDRESS:	within thirty (30) days from the date I receive these tires I will forward a copy of this completed scrap
	tire transportation record to the generator listed in Part 1 above.
	SCRAP TIRE END USER/PROCESSOR/ DISPOSER AUTHORIZED SIGNATURE: S-3-75-71291
69676 M-103	DISPOSER AUTHORIZED SIGNATURE: 3-3-73-712-91
CITY: STATE: ZIP CODE:	DDINENAME
	PRINT NAME:
White Pigeon MI 49099	DATE:
PHONE # (INCLUDING AREA CODE):	□ PROCESSOR □ END USER □ EXEMPT SITE □ RETREADER
616 492 2219	☐ LICENSED PART 115 DISPOSAL AREA
616-483-2318	
TO BE COMPLETED BY END-USER/PROCESSOR ONLY. NOTIFY GENERATOR IF THERE IS A DISCREPANCY.	GROSS WEIGHT: TARE WEIGHT NET WEIGHT: TOTAL PASSENGER TIRE EQUIVALENTS:

DISTRIBUTION: Original must be retained by the Hauler; Copies must be retained by: 1) Generator; 2) Scrap Tire End User/Processor/Disposer; Scrap Tire End User/Processor/Disposer must within 30 days from receipt of tires send a copy of completed record to the Generator.

	rint or type. (Form design	ned for use on elite (12-pitch) typ	ewriter.)					Б олг	n Approved	OMB No): 2
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}-	ميا	Kalamazoo, MI 4			•		* * *	:			
	nerator's Phone:	513-309-3062	. 234								
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	•	11325 Lakewood								•	
╽ .	3 S	Holland, MI 4942		* .*			MIDOO	54812	1	100	
	ility's Phone:	616-396-5984	Lind Oliver ID Michael		I		<u> </u>	11	_ :	· · · · ·	-
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Generator Approval Notification

November 5, 2012

Customer: ENVIRONMENTAL QUALITY MANAGEMENT

Fax: (513) 825-9728

ENVIRONMENTAL MANAGER USEPA/ PORTAGE CREEK ALLIED 1 77 W JACKSON BLVD CHICAGO, IL 60604

This Generator Approval Notification acknowledges the acceptability of waste material(s) into the EQ environmental protection facility identified below and ensures that this facility has the appropriate permit(s) issued by federal and state regulatory agencies to properly transport, treat, and/or dispose of the waste material(s).

EQ FACILITY: Wayne Disposal, Inc. (MID048090633)

49350 North I-94 Service Drive, Belleville, Michigan 48111

Expires On: 10/09/2013

Approval Number: J114097WDI

Generator EPA ID: MID006007306

Waste Common Name: PCB contamnated Soil

Comments: Must use PCB1 on Manifest, No Free liquids. Schedule into Wayne.

Primary Waste Code: PCB1

Secondary Waste Codes:

The Approval(s) listed above are based upon characterization information supplied to EQ by the Customer and the generator (if other than the Customer). The Customer is ultimately responsible for the accuracy and completeness of all such information, whether provided by the Customer or the generator. The Customer must notify the EQ Resource Team immediately upon knowledge of any changes to this information. This Approval and all wastes which are transported, delivered, or tendered to EQ under this Approval shall be subject to the attached Standard Terms and Conditions.

The Approval(s) will expire on the date(s) noted. Any new Approvals obtained from EQ on future business will be valid for a period of one (1) year from the date of issuance. Within 60 days of the Approval Expiration Date, you will be notified of the requirements for recertification.

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EQ - The Environmental Quality Company Waste Characterization Report

Wa	aste Characterization Report	
I authorize EQ - The Environmental Quality Company to EQ facilities identified below.	to choose the appropriate method of waste management, from the	e technologies offered, at the
Michigan Disposal Waste Treatment Plant (Stabilization and Treatment)	49350 North I-94 Service Drive, Belleville, Michigan 48111 Phone: 1-800-592-5489 Fax: 1-800-592-5329	EPA ID #MID000724831
✓ Wayne Disposal, Inc. (Hazardous & PCB Waste Landfill)	49350 North I-94 Service Drive, Belleville, Michigan 48111 Phone: 1-800-592-5489 Fax: 1-800-592-5329	EPA ID #MID048090633
EQ Detroit, Inc. (Stabilization, Wastewater Treatment)	1923 Frederick, Detroit, MI 48211 Phone: 1-800-592-5489 Fax: 1-800-592-5329	EPA ID #MID980991566
EQ Ohio (Envirite of Ohio) (Stabilization and Treatment)	2050 Central Avenue, SE, Canton, OH 44707 Phone: 330-456-6238 Fax: 330-456-2801	EPA ID #OHD980568992
EQ Pennsylvania (Envirte of Pennsylvania) (Stabilization and Treatment)	730 Vogelsong Road, York, PA 17404 Phone: 717-846-1900 Fax: 717-854-6757	EPA ID #PAD010154045
EQ Oklahoma, Inc. (Stabilization, Wastewater Treatment)	2700 South 25th West Avenue, Tulsa, OK 74107-3435 Phone: 918-582-9595 Fax: 918-560-5252	EPA ID #OKD000402396
EQ Resource Recovery, Inc. (Solvent Recycling, Fuel Blending, WW Treatment)	36345 Van Bom Road, Romulus, Michigan 48174 Phone: 734-727-5500 Fax: 734-326-4033	EPA ID #MID060975844
EQ Florida, Inc. (Drum Consolidation, Labpack Decommissioning)	7202 East Eighth Ave., Tampa, FL 33619 Phone: 1-800-624-5302 Fax: 1-813-628-0842	EPA ID #FLD981932494
EQ Detroit Transfer and Processing (Drum Transfer/Universal Waste Handling)	2000 Ferry Street, Detroit, MI 48211 Phone: 1-800-592-5489 Fax: 1-800-592-5329	EPA ID #MIK939928313
EQIS Indianapolis Transfer and Processing (Drum Transfer/Non-Hazardous Waste Processing)	2650 N. Shadeland Avenue, Indianapolis, IN 46219 Phone: 1-800-592-5489 Fax: 1-800-592-5329	EPA ID #INR000125641
EQIS Atlanta Transfer and Processing (Drum Transfer/Non-Hazardous Waste Processing)	5600 Fulton Industrial Blvd., Atlanta, Georgia 30336 Phone: 404-494-3520 Fax: 404-494-3560	EPA ID #GAR000039776
EQ Augusta, Inc. (Wastewater Treatment)	3920 Goshen Industrial Blvd., Augusta, GA 30906 Phone: 706-771-9100 Fax: 706-771-9124	EPA ID #GAR000011817
Please note, this profile should not be used for wastes des	stined to EQ Illinois (Envirite of Illinois). For more information, please cont (800)592-5489.	tact our National Service Center at
Waste Common Name: PCB contamnated Soil		
		·
Secti	ion 1 - Generator & Customer Info	
SIC/NAICS*:	1	FO Customer No : 1803

SIC/NAICS*:

Generator EPA ID: MID-006-007-306

Generator: USEPA/Portage Creek-Allied Paper Address: Stockbridge Ave to Kalamazoo River

City: Kalamazoo State: MI Zip

State: MI Zip: 49001

County: Kalamazoo

Mailing Address

Address: 77 W Jackson Blvd

City: Chicago

State: IL Zip: 60604

Generator Contact

Name: Sam Borries

Title: OSC

Phone: (312) 353-8360 Fax: (312) 353-9176

*For a list of NAICS codes, please refer to Section 9 of the EQ Resource Guide.

EQ Customer No.: 1803

Invoicing Company

Company: ENVIRONMENTAL QUALITY MANAGEMENT

Address: 1800 CARILLON BLVD
City: CINCINNATI
State: OH Zip: 45240

ate. On 21p. 4324

Country:

invoicing Contact

Name: Annette Rich Phone: (513) 825-7500 Fax: (513) 825-9728

Technical Contact

Name: Mark Douglas Phone: (219) 845-6596 Fax: (219) 845-6803

Mobile: (513) 309-3062 Pager: () -

E-mail: mdouglas@eqm.com

Section 2 - Shipping & Packaging Info

2.1) Shipping Volume & Unit: 4000 Fred	uency: One Time Only
2.2) DOT Shipping Name: Hazardous waste, solid, n.o.s.	
2.3) Is this waste surcharge exempt? Yes No (If you answered "Yes"	to question 2.3, select the Surcharge Exemption reason.)
2.4) Postrosina (should all that and)	
2.4) Packaging (check all that apply)	Taran 2000 lbs And 2: Dulle Liquida (Oallas)
✓ Bulk Solid (yd ³ < 2000 lbs/yd ³)	Fon > 2000 lbs./yd ³)
Other (palletized, 5 gal. Pail, etc.)	Diulis, Size
Quoted bulk disposal charges for solid materials will be billed by the cubic yard, if the wa	eto dansitu is loce than 2 000lhs (cubic vard. If wasta dansitu is greater
than 2,000 lbs./cubic yard, then bulk disposal charges will be billed by the cubic yard, if the wa	
	
Section 3 - Physic	al Characteristics
3.1) Color: BROWN	3.2) Odor: none
3.3) Does this waste contain any "Potentially Odorous Constituents" as defined in	n the EQ Resource Guide? (Section 3) Yes No
3.4) Physical State at 70 ° F:	ust/Powder
	1-4.9
3.6) What is the flash point of this waste? \bigcirc <90 $^{\circ}$ F \bigcirc 9	0-139 °F
3.7) Does this waste contain? (check all that apply) V None	Free Liquids Oily Residue Metal Fines
Biodegradable Sorbants Amines Ammonia	Water Reactive Biohazard Aluminum
Shock Sensitive Waste Reactive Waste Radioactive Waste	
Asbestos - non-friable Asbestos - friable Dioxins	Furans
Section 4 - Composition / Gene	erating Process
4.1) Describe the physical composition of the waste (i.e., soil, water, PPE, de	bris, key chemical compounds, etc.)
Debris(wood, paper, glass, plastic, meta from	5. to 15. %
Soil from	85. to95. %
4.2) Provide a detailed description of the process generating this waste.	(attach flow diagram if available).
dries.	per mills. The creek will be dredged and the dredgings will be dewatered and
Section 5 In Thi	s Hazardous Waste?
Please refer to Section 5 of the EQ Resour	
Thouse feller to occuping of the Eq. (Cooking	or Canad for a first of Francis Courts.
As determined by 40 CFR, Part 261 and Michigan Act 451 Rules:	Please list applicable waste code(s):
5.1) Is this an EPA RCRA listed hazardous waste (F, K, P or U)?	◯ Yes ● No
Comments:	
5.2) Is this an <u>EPA RCRA characteristic</u> hazardous waste (D001-D043)?	○ Yes No
Comments:	
5.3) Do any State Hazardous Waste Codes apply?	○ Yes • No
Comments:	
5.4) Is this waste intended for wastewater treatment?	○ Yes* ● No
If you answered "No" to questions 5.1, 5.2, and 5.3, please skip to Se "If you answered "Yes" to question 5.4, please complete the WCR Ad	

Section 6 - Hazardous Wastes

0 4\ D-	4L-'4								,	O O	
.,	es this waste exceed	Land Disposa							(Yes No	
6.	1a) If this waste strea	ım is greater than	50% soil, do	es it meet the altem	ative soil tre	atment standards of	40 CF	R 268.49?	(_ Yes (No	
6.	1b) Does this waste	contain greater th	an 50% debri	is, by volume? (Deb	ris is greate	rthan 2.5 inches in s	ize.)		() Yes ○ No	
6.2) Is t	he waste an oxidizer	(D001)?							(◯ Yes ◯ No	
6.3) Do	es this waste contain	reactive cyanide	≥ 250 pp	pm (D003)?					(⊃ Yes ○ No	
6.4) Do	es this waste contain	reactive sulfide	> 500 ppr	n (D003)?					(Yes No	
6.5) Pie	ase indicate which co	nstituent concent	rations are be	elow or above the re	gulatory levi	el. Please indicate th	e basis	used in the	•		
	etermination. Either 'B			checked for each co					-		
	_	_				O					
	Based On:	0	Knowledge	O Analysis*		MSDS⁺					
		*Please forwa	rd a copy. A	Analysis or MSDS	are require	d for EQ Florida No	n-haza	ardous wa	stes.		
				Concentration	1					Concentration	
Code	Regulatory Level TC	LP (mg/l)		(if above)	Code	Regulatory Level TO	LP (mg	/ Τ)		(if above)	
D004	Arsenic	5 O Below	∧ Above		D024	m-Cresol	200	○ Below	∧ Above		
D005	Barium	100 Below	Above		D024	p-Cresol	200	Below	Above		
D006	Cadmium	1	Above		D026	Cresols	200	Below	Above		
D007	Chromium	5 Below	Above		D027	1,4-Dichlorobenzene	7.5	○ Below	○ Above		
D008	Lead	5 Below	Above		D028	1,2-Dicholoroethane	0.5	O Below	Above		
D009	Mercury	0.2 Below	Above		D029	1,1-Dichloroethylene	0.7	O Below	Above		
D010	Selenium	1	Above		D030	2,4-Dinitrotoluene	0.13	O Below	○ Above		
D011	Silver	5 O Below	Above		D031	Heptachlor	0.008	O Below	(Above		
D012	Endrin	0.02 O Below	O Above		D032	Hexachlorobenzene	0.13	O Below	O Above	•	
D013	Lindane	0.4 O Below	Above		D033	Hexachlorobutadiene		O Below	O Above		
D014	Methoxychlor	10 O Below	Above		D034	Hexachloroethane	3.0	O Below	O Above		
D015	Toxaphene	0.5	Above		D035	Methyl Ethyl Ketone	200	Below	O Above		
D016	2,4-D	10 O Below	Above		D036	Nitrobenzene	2	O Below	○ Above		
D017	2.4,5-TP (Silvex)	1	○ Above		D037	Pentachlorophenol	100	O Below	○ Above		
D018	Benzene	0.5 O Below	Above		D038	Pyridine	5	O Below	○ Above		
D019	Carbon Tetrachloride	0.5	○ Above		D039	Tetrachloroethylene	0.7	O Below	○ Above		
0020	Chlordane	0.03	O Above		D040	Trichloroethylene	0.5	O Below	○ Above		
D021	Chlorobenzene	100 O Below	O Above		D041	2,4,5-Trichlorophenol	400	O Below	○ Above		
D022	Chloroform	6.0 O Below	O Above		D042	2,4,6-Trichlorophenol	2	O Below	O Above		
D023	o-Cresol	200 O Below	○ Above		D043	Vinyl Chloride	0.2	O Below	O Above		
6.6) If th	nis is a characteristic	hazardous waste.	does it conta	ain underlving hazar	dous constit	tuents?			(Yes No	
-	you answered 'Yes'								`) les () llo	
		, process more and									_
			Se	ction 7 - Non-H	łazardou	ıs Wastes					
	For	complete list of a	non-hazamloi	is weste codes inle	ace refer to	Section 7 of the EQ	Resou	me Guide			
		Complete list of i	1011-110201000	is music codes, pict	200 70707 10	CCCCCOTT OF THE EQ		licable wa	ste codel	's)·	
7 1) le +	his a <u>Michigan non-</u> r	azamoue liquid	industrial wa	eta?	/	Vac Ala				,-	
-		iezaruous iiquiu	mikubulai Wa	ioto :	(yes ■ No					
	Comments:					<u> </u>					
7.2) Is t	his a <u>Universal</u> was	te?			(Yes No					
7.3) Is 1	his a Recyclable Co	mmodity? (e.g.:	computer mo	onitors, free mercury	r, etc.) (🔵 Yes 🌑 No					
7.4) Is t	his waste a recoverat	ole petroleum prod	duct?		(Yes No					
7.5) is t	his waste used oil as	defined by 40 CF	R Part 279?		(Yes No					
	_				,	🗨					

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Section 8 - TSCA Information

8.1) What is the concentration of PCBs in the waste?	None50-499 ppm	○ 0-5 ppm ○ 500+ ppm	_	-49 ppm
8.2) Does the waste contain PCB contamination from a source with a concentration	≥ 50 ppm?		Yes	○ No
If you answered 'None' to 8.1 and 'No' to 8.2, please skip to Section 9.				
8.3) Has this waste been processed into a non-liquid form?			O Yes	No No
If yes, what was the concentration of PCBs prior to processing? (ppm)		○ N/A	O-499	O 500+
8.4) Is the non-liquid PCB waste in the form of soil, rags, debris, or other contaminated	media?		Yes	○ No
8.5) Are you a PCB capacitor manufacturer or a PCB equipment manufacturer?			○ Yes	● No
8.6) Has the PCB Article (e.g., transformer, hydraulic machine, PCB-contaminated ele- been drained/flushed of all PCBs and decontaminated in accordance with 40 CF		♠ N/A	○ Yes	9 1658
Section 9 - Clean Air Ac	et Information			
9.1) Is this waste subject to regulation under 40 CFR, Part 63, Subpart DD or 40 CFR. (Does the waste contain >500 ppm Volatile Organic Hazardous Air Pollutants - \ For a complete list of VOHAPs, please see Sec.	OHAP's or Volatile Organic Co	mpounds - VO	○ Yes C's?)	● No
9.2) Is this site, or waste, subject to any other MACT or NESHAP? If yes, please specify:			○ Yes	● No
9.3) Does this waste stream contain Benzene?			○ Yes	● No
If you answered "No" to question 9.2, please skip to section 10.				
9.4) Does the waste stream come from a facility with one of the SIC/NAICS codes liste identified in 40 CFR 61, Subpart FF?	d under the Benzene NESHAP			₩ No
9.5) Is the generating source of this waste stream a facility with Total Annual Benzene For assistance in calculating the TAB, please see the TAB Worksheet in Section 9 of the			○ Yes	● No
If you answered "No" to question 9.3 <u>and</u> 9.4, please skip to Section 10				
9.6) Does the waste contain > 10% water?			O Yes	○ No
9.7) What is the TAB quantity for your facility? Mg/year				
9.8) Does the waste contain >1.0 mg/kg total Benzene?			O Yes	○ No
9.9) What is the total Benzene concentration in your waste? (concentration)	(unit)			
(Supporting analysis must be attached. Do not use TCLP analytical results. Accep	table laboratory methods include	8020, 8240, 82	60, 602 and	624.)
*For a list of NAICS codes, please refer to section 9 of the EQ Resource Guide.				
Section 10 - Fuel Blendi	ng Information			
10.1) Is this waste intended for fuel blending?			◯ Yes*	No
If you answered 'Yes' to question 10.1, please enter the follow	ving:		0	•
Heat value (BTU/lb.)				
Chlorine (%)				
Water (%)				
Solids (%)	 			
10.2) Is this waste intended for reclamation? Yes No	(5-Gallon Sample	required for all	reclaim was	ste streams)
				
Section 11 - Constituer	nt Information			
Please identify your waste constituents from these four categories: Underlying Hazardous Air Pollutants (VOHAP's), Volatile Organic Compounds (VOC's) an	Hazardous Constituents (U) d Toxic Release Inventory Co	•	_	
Constituent	Concentra		UHC	,
Please see Section 11 of the EQ Resource Guide for a list of UHC's, VOHAP's and VOC's. For	a complete list of TRI constituents,	please refer to	40 CFR 372.	65 .

Rev. 8/05

Section 12 - Certification

I certify that all information (including attachments) is complete and factual and is an accurate representation of the known and suspected hazards, pertaining to the waste described herein. I authorize EQ's Resource Team to add supplemental information to the waste approval file, provided I am contacted and give verbal permission. I authorize EQ's Resource Team to obtain a sample from any waste shipment for purposes of verification and confirmation. I agree that, if EQ approves the waste described herein, all such wastes that are transported, delivered, or tendered to EQ by Generator or on Generator's behalf shall be subject to, and Generator shall be bound by, the attached Standard Terms and Conditions.

Comments: logged in

Generator Sam Borries

Authorized Generator Signature

SAM BORRIES

Printed Generator Name

The generator's signature <u>MUST</u> appear on the EQ Waste Characterization Report. If the generator has authorized a third party to certify this document, a written notice (on generator letterhead) must accompany this submittal. Although the EQ Resource Team is authorized to make certain modifications to the information provided on this form, the addition or removal of waste codes and waste constituents must be documented by the generator.

Date: 10 - 7-11

STANDARD TERMS AND CONDITIONS

The Agreement between the Customer and EQ - The Environmental Quality Company and/or its member companies (hereinafter "EQ") related to or associated with Delivered Waste, as herein defined, shall be governed by the following Standard Tems and Conditions in addition to the terms and conditions contained in any Waste Characterization Report, Customer Approval Quote Confirmation, Generator Approval Notification, Notice of Waste Approval Expiration, and/or Credit Agreement associated with such Delivered Waste.

The Customer may use its standard forms (such as purchase orders, acknowledgments of orders, and invoices) to administer its dealings under this Agreement for convenience purposes, but all provisions thereof in conflict with these terms and conditions shall be deemed striction.

The following definitions shall apply for purposes of this Agreement:

"Delivered Wastes" shall mean all wastes (i) which are transported, delivered, or tendered to EQ by the Customer, (ii) which the Customer has arranged for the transport, delivery or tender to EQ; or (iii) which are transported, delivered, or tendered to EQ under a Credit Agreement between the Customer and EQ. *Acceptable Waster" shall mean any hazardous waste, as defined under applicable State or federal law, determined by EQ as acceptable for treatment and/or disposal in accordance with this Agreement

Non-Conforming Wastes' shall mean wastes that (a) are not in accordance in all material respects with the warrantles, descriptions, specifications or limitations stated in the Waste Characterization Report (l) have constituents or components of a type or concentration not specifically identified in the Waste Characterization Report (l) which increase the nature or extent of the hazard and risk undertaken by Cb in teating and/or disposing of the wastes, or (ii) for whose treatment and/or disposing at Waste Management Facility is not designed or permitted, or (iii) which increase the cost of treatment and/or disposing of wastes beyond that specified in EQ's price quote; or (c) are not properly packaged, described, or placended, or otherwise not in compliance with United States Department of Transportation and United States Environmental Protection Agency regulations.

Control of Operations.

EQ shall have sole control over all aspects of the operation of any treatment and/or disposal facility of EQ receiving Delivered Wastes under this Agreement (hereinafter, "Waste Management Facility"), including, without limitation, maintaining EQ's desired volume of Acceptable Wastes being delivered to any Waste Management Facility by the Customer or any other person or

Identification of Wasta

For each waste material to be transported, delivered, or tendered to EQ under this Agreement, the Customer shall provide, or cause to be provided, to EQ a representative sample of the waste material and a completed Waste Characterization Report containing a physical and chemical description or analysis of such waste material which description shall conform with any and all guidelines for waste acceptance provided by EQ. On the bases for such representative sample of the waste material and such Waste Characterization Report, EQ will determine whether such wastes are Acceptable Wastes. EQ does not make any quaste material or any particular quantity or type of waste material, and EC seaves the right to the decline to transport, treat and/or dispose of waste material. Acceptable with the content of the waste material which becomes known to the Customer subsequent to the date of the Waste Characterization Report.

Non-Conforming Wastes.

In the event that EQ at any time discovers that any Delivered Waste is Non-Conforming Waste, EQ may reject or revoke its acceptance of the Non-Conforming Waste. The Customer shall have seven (7) day seven (7) days to direct an alternative lawful manner of disposition of the waste, unless it is necessary by reason of law or otherwise to move the Non-Conforming Waste prior to expiration of the seven (7) day period. If the Customer dess not dispose, and the customer and the Customer shall pay or reimburse EQ for all costs and expenses incurred by EQ in connection with the recept, handling, sampling, analyses, transportation and return to the Customer of such Non-Conforming Wastes. It is impossible or impractical for EQ to return the Non-Conforming Waste in conforming Waste that is the Customer shall reimburse EQ for all costs, of any type or nature whatsever, incurred by EQ. solely because such Delivered Waste was Non-Conforming Waste that in the Institute of the Non-Conforming Waste, in connection with material with which the Non-Conforming Waste been commingled and all expenses and charges for analyzing, handling, preparing for transporting, storing and disposing of any Non-Conforming Waste).

Customer Warranty - Title to Wastes.

Either the Customer or the generator (if other than the Customer) shall hold clear title, free of any all liens, claims, encumbrances, and charges to Delivered Waste until such waste is accepted by EQ.

Customer Warranty - Acceptable Westes.

All Delivered Wastes shall be Acceptable Wastes and shall comform in all material respects to the description and specifications contained in the Wastes Characterization Report. The information set forth in the Waste Characterization Report or any manifest, placard or label associated with any Delivered Wastes, or otherwise represented by the Customer or the generator (if other than the Customer) to E.Q. is and shall be true, accurate and complete as of the date of receipt of the involved waste by E.Q.

The Customer shall comply with all applicable federal, state and local environmental statutes, regulations, and other governmental requirements, as well as directives issued by EQ from time to time, governing the transportation, placarding and labeling requirements. Customer Warranty - Compliance with Laws.

Customer Warranty - Undating Information.

If the Customer receives information that Delivered Waste or other hazardous waste described in the Waste Characterization Report, or some component of such waste, presents or may present a hazard or risk to persons, property or the environment which was not disclosed to EQ, or if the Customer of generator (if other than the Customer) has changed the process by which such waste results, the Customer shall promptly report such information to EQ in writing.

Customer Indemnity.

The Customer shall indemnify, defend and hold harmless EQ, and its affiliated or related companies, and all of their respective present or future officers, directors, shareholders, employees and agents from adainst any and all losses, damages, liabilities, penalties, fines, forheitures, demands, claims, causes of action, suits, costs and expenses (including, but not limited to, reasonable costs of defense, settlement, and reasonable attorneys' fees), which may be asserted against any or all of them by any person or any governmental agency, or which any or all of them may hereafter suffer, incur, be responsible for or pay out, as a result of or in connection with only judic or private), damage (including, but not limited to, death, sichores, sheaves and enrothonal or mental distress) ib any person (including EQ's employees), damage (including, but not limited to, death, sichores, sheaves and enrothonal or mental distress) ib any person (including or private), or any requirements to conduct or incur expense for investigative, removal or remedial expenses in connection with contamination of or adverse effect on the enrothonal or any statuses, ordinances, orders, rules or regulations of any governmental entity or appropriate or arising out of (i) a breach of this Agreement by the Customer to be true, azourate and complete, or (iii) any willful or negligent act or omission of the Customer, or its employees or agents in connection with the performance of this Agreement.

Force Maleure.

EQ shall not be liable for any failure to accept, receive, handle, treat, and/or dispose of Delivered Waste due to an act of God, fire, casualty, flood, war, strike, lockout, labor trouble, failure of public utilities, equipment, or sufficient personnel or energy in order to meet operational needs without the necessity of allocation, the failure or inability to obtain any governmental approvals or to meet Environmental Requirements (including, but not limited to voluntary or involuntary compliance with any act, exercise, assertion, or requirement of any governmental authority) which may temporarily or permanently prohibit operations of EQ, the Customer, or the Generator, or any other circumstances beyond the control of EQ which prevents or delays performance of any of its obligations under this Agreement.

Governing Lay

This Agreement shall in all respects be governed by and shall be construed in accordance with the laws of the State of Michigan applied to contracts executed and performed wholly within such state.

Generator Approval Notification

October 25, 2011

Customer: ENVIRONMENTAL QUALITY MANAGEMENT

Fax: (513) 825-9728

ENVIRONMENTAL MANAGER USEPA/ PORTAGE CREEK ALLIED 1 77 W JACKSON BLVD CHICAGO, IL 60604

This Generator Approval Notification acknowledges the acceptability of waste material(s) into the EQ environmental protection facility identified below and ensures that this facility has the appropriate permit(s) issued by federal and state regulatory agencies to properly transport, treat, and/or dispose of the waste material(s).

EQ FACILITY: Wayne Disposal, Inc. (MID048090633)

49350 North I-94 Service Drive, Belleville, Michigan 48111

Approval Number: J114097WDI

Waste Common Name: PCB contamnated Soil

Comments: Must use PCB1 on Manifest, No Free liquids. Schedule into Wayne.

Primary Waste Code: PCB1 Secondary Waste Codes:

The Approval(s) listed above are based upon characterization information supplied to EQ by the Customer and the generator (if other than the Customer). The Customer is ultimately responsible for the accuracy and completeness of all such information, whether provided by the Customer or the generator. The Customer must notify the EQ Resource Team immediately upon knowledge of any changes to this information. This Approval and all wastes which are transported, delivered, or tendered to EQ under this Approval shall be subject to the attached Standard Terms and Conditions.

The Approval(s) will expire on the date(s) noted. Any new Approvals obtained from EQ on future business will be valid for a period of one (1) year from the date of issuance. Within 60 days of the Approval Expiration Date, you will be notified of the requirements for recertification.

Waste Common Name: PCB Contaminated Soils 58 10-13-11

Generator: USEPA/Portage Creek Allied Paper

Generator EPA ID: MID006007306

Attachment A EQ-The Environmental Quality Company – Wayne Disposal, Inc. Waste Characterization Report

This document is an attachment to, and incorporated into, the above-referenced Waste Characterization Report ("WCR") for waste to be delivered to the EQ Wayne Disposal, Inc. Hazardous and PCB Waste Landfill (the "Landfill"), and is subject to the Certification contained in Section 12 of the WCR.

Section 1: No Creation of Unstable Landfill Conditions

The waste described in the WCR shall exhibit sufficient strength to prevent an unstable condition in the Landfill, measured at the point of receipt by EQ at the Landfill without regard to the characteristics of the waste at any prior time, including, but not limited to, at the point of delivery to a transporter.

Section 2: Required Minimum Landfill Stability Criteria

- 2.1 No portion of any waste shipment shall contain free liquids at the point of receipt by EQ at the Landfill, including by way of example, free liquids that have separated from the waste during transportation to the Landfill. All waste must pass the paint filter test as determined by US EPA test SW846 Method 9095A at the point that the waste is received by EQ at the Landfill.
- 2.2 All waste shall exhibit one or more of the following stability characteristics at the point of receipt by EQ at the Landfill:
 - a. All cohesive materials must have at least 1500 pounds per square foot (psf) of unconfined compressive strength as determined by ASTM Standard D 2166 or 750 psf shear strength as determined by the undrained consolidated direct shear test by ASTM Standard D 6528. Cohesive materials means clayey materials (CL, CL-ML, CH, OL with Plasticity Index (PI) greater than or equal to 4 and plots on or above "A" line on the plastic chart, or OH with plots on or above "A" line on the plasticity chart) as determined by ASTM Standard D 2487.
 - b. All non-cohesive materials must have at least 20 degrees of internal friction angle under wet condition as determined by ASTM Standard D 3080, ASTM Standard D 6528, or ASTM Standard D 4767 or have a 2-inch slump or less as determined by ASTM Standard C143. Non-cohesive

materials means silty materials (ML, OE, with PI less than 4 and plots below "A" line on the plasticity chart, MH, OH with plots below "A" line on the plasticity chart) or coarse-grain materials (less than 50% passing No. 200 sieve) as determined by ASTM Standard D 2487.

- c. Cohesive and frictional materials must have a combination of cohesive and short term (undrained) frictional strength characteristics approved in writing by EQ that provides a factor of safety for the Landfill slopes (as determined through slope stability modeling) at least equivalent to those provided by the strengths specified in Subsections 1.2.a and 1.2.b, above. This Subsection 1.2.c shall not apply unless EQ has approved such characteristics, which shall be attached to, and incorporated into, the Waste Characterization Report.
- 2.3 The criteria listed in this Section 2 are minimum stability criteria, and compliance with these criteria is not conclusive evidence that waste exhibits sufficient strength to prevent an unstable condition in the Landfill.

Section 3: Nonconforming Waste

Any waste shipment delivered to EQ at the Landfill that, in whole or in part, lacks sufficient strength to prevent an unstable condition in the Landfill, including, but not limited to, waste that does not exhibit the minimum stability criteria contained in Section 2 of this Attachment A, shall be deemed Nonconforming Waste. For the avoidance of doubt, Nonconforming Waste includes waste that exhibits the minimum stability criteria in Section 2 of this Attachment A, but otherwise lacks sufficient strength to prevent an unstable condition in the Landfill, as determined by EQ.

Section 4: Rejection of Nonconforming Waste

As provided in EQ's Standard Terms and Conditions, EQ may reject or revoke acceptance of any waste shipment delivered to EQ at the Landfill that, in whole or in part, lacks sufficient strength to prevent an unstable condition in the Landfill. EQ may, at its discretion, accept Nonconforming Waste that does not exhibit the minimum stability criteria contained in Section 2 of this Attachment A provided, however, that EQ's acceptance of any Nonconforming Waste shall not be deemed a waiver of this Attachment A for any subsequent waste shipments.

Section 5: Verification Sampling and Analysis of As-Received Waste

EQ may, but is not required to, sample and analyze any waste shipment at the point of receipt at the Landfill to verify that the waste shipment complies with this Attachment A. EQ's failure to sample or analyze any waste shipment, or any portion of a waste shipment, shall not be deemed a waiver by EQ of any provision in this Attachment A.



		er Br	Waste Profile #		
Requested Disposal Facility	5007 C & C Landfill MI				
Saveable fill in form. Restricted printing	g until all required (yellow) fields are completed				
I. Generator Inform	nation	Sale	es Rep #.		
Generator Name: USEPA	VPortage Creek Allied Paper				
Generator Site Address:	Stockbridge Ave to Kalamazoo	River			
City: Kalamazoo	County: Kalamazoo	State: Michig	gan	Zip: 49001	
State ID/Reg No:	State Approval/Waste C	ode:	(if applicable	NAICS #:	
Generator Mailing Addr	ess (if different): 77 W. Jack	son Blvd, SE-5J			
City: Chicago	County: Cook	State: Illinois	S	Zip: 60604	
Generator Contact Nam	enerator Contact Name: Sam Borries Em				
Phone Number: (312) 3	r: (312) 353-91	175			
lla. Transporter Infor	mation				
Transporter Name: Repu		Contact Na	me:		
Transporter Address:		- 11.00 3 x3			
City:	County:	State:		Zip:	
Phone Number:	Fax Number:		portation Nun	<u> </u>	
IIb. Billing Informatio					
Bill To: Environmental Qu		Contact Na	me: Mark Doug	alas	
Billing Address: 1800 Ca			nail: mdouglas(
City: Cincinnati	State: OH	Zip: 45240		one: (513) 309-3062	
III. Waste Stream Inf	ormation	The second second			
Name of Waste: Low Le	vel PCB contaminated Soil	LITTLE BURNET TO			
Process Generating Wa	ste:				
CERCLA site clean up of a level PCB(<50 ppm) and h	a creek contaminated from the paigh level PCBs(>50 ppm).	per mills. The creek h	as been samp	led and divided into low	
Physical State:	SOLID SEMI-SOLID F	DOWNER CHICKIN	<u> </u>		
	BULK DRUM BAG		<u> </u>		
Estimated Annual Volum		Tons			
	TIME ANNUAL			1011	
Disposal Consideration:	LANDFILL SOLIDI	FICATION BI	OREMEDIAT	ION	
	ample Certification		□NO SA	MPLE TAKEN	
	ele collected to prepare this profile rdance with U.S. EPA 40 CFR 26		 ✓YES or	□NO	
Sample Date: 8-30-11	Type of Sample: ✓ C	OMPOSITE SAMPL	E GRAB	SAMPLE	
Sample ID Numbers: DU					

Page 2 of 2

				Was	te Profile	#
/ Db	I Obamada data	Mana				
	I Characteristics of tic Components	waste	%	by Weight (ra	ange)	
1. Soil	ao Jonipononto	1.00 mg		0.000		
	od, concrete, glass, plastic	c, PPE, Trash)		0.000		
3.						
4.				4-10	70. 100	
5.						
Color	Odor (describe)	Does Waste Contain Free Liquids?	% Solids	pH:	FI	ash Point
Brown	slight	Yes or No	100.00	5-10	>2	200 0
Attaci	h Laboratory Analytica	l Report (and/or Material Safety Da Required Parameters Provided fo			of Custod	
loes this west	or generating process con	ntain regulated concentrations of the foll				
		or (and it epoxides), Lindane, Methoxyc				
			moi, Toxapilen	ic, 2,4-D, 01	Yes	or No
	x as defined in 40 CFR 26		de (omests at	250	232 234	
		(greater than 500 ppm) or reactive cyani	de (greater tha	11 250 ppm)	☐ Yes o	No No
	CFR 261.23(a)(5)]?	CD L LL C LDCL L C	CD-) - 1 C	1:- 40 CEP	1 es (л Ш
	e contain regulated concer	trations of Polychlorinated Biphenyls (F	CBs) as define	ed in 40 CFR	☐ Yes o	v No
Part 761?	e contain concentrations	f listed hazardous wastes defined in 40 C	ER 261 21 26	1.32		
			TK 201.31, 20	1.32,	Yes o	or No
261.33, including RCRA F-Listed Solvents? Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?						or No
					☐ Yes o	<i>I</i>
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCCD), or any other dioxin as defined in 40 CFR 261.31?						or No
s this a regula	ted Radioactive Waste as	defined by Federal and/or State regulation	ons?		Yes o	or No
s this a regula	ated Medical or Infectious	Waste as defined by Federal and/or State	e regulations?		☐ Yes o	or \square No
Is this waste a	reactive or heat generating	g waste?			☐ Yes o	or No
Does the waste	e contain sulfur or sulfur b	y-products?			☐ Yes o	or \square No
Is this waste g	enerated at a Federal Supe	rfund Clean Up Site?			Yes o	or \square_{No}
Is this waste fi	rom a TSD facility, TSD-li	ike facility or waste consolidator?			☐ Yes o	or ∇_{No}
I. Certif	ication					
of the waste m Safety Data Sh further certify or disposal and prohibited from	naterial being offered for di- neets submitted are truthful that by utilizing this profile y waste which is classified accepting by law. I shall it	wledge and belief, the information contains sposal and all known or suspected hazard and complete and are representative of an active of an active waste, hazardous waste or infermediately give written notice of any chally indemnify this disposal facility agains	rds have been of the waste. company will d ctious waste, or ange or condition	disclosed. All A deliver for dispose any other wast on pertaining to	nalytical Resal or attem te material the waste	esults/Mater pt to deliver this facility is not provided
naccurate or u	intrue.					
further certify	that the company has not	altered the form or content of this profile	sheet as provid	ded by Republic	Services In	nc.
SA	m BORRIE.	S	U.S.	EPA		
	Authorized Representative Na	me/Title (Type or Print)		Company Name		
	2		10	7/1		
	am Jon	ies	10-	7-11		



			W	aste Profile #
Requested Disposal Facility: 50	007 C & C Landfill MI			
Saveable fill in form. Restricted printing unt	til all required (yellow) fields are complete	ed.		
I. Generator Informat	ion	Sa	les Rep #.	
Generator Name: USEPA/Po	ortage Creek Allied Paper			
Generator Site Address: St	tockbridge Ave to Kalamazoo	River	1437	
City: Kalamazoo	County: Kalamazoo	State: Mich	igan	Zip: 49001
State ID/Reg No:	State Approval/Waste	Code:	(if applica	nable) NAICS #:
Generator Mailing Address	(if different): 77 W. Jac	kson Blvd, SE-5J		
City: Chicago	County: Cook	State: Illino	ois	Zip: 60604
Generator Contact Name:	Sam Borries	Em	nail:	
Phone Number: (312) 353-8	Phone Number: (312) 353-8360 Ext: Fax Numb			-9175
IIa. Transporter Informa	tion			
Transporter Name: Republic		Contact Na	ame:	
Transporter Address:			Mark.	
City:	County:	State:		Zip:
Phone Number:	Fax Number:	State Tran	sportation N	lumber:
Ilb. Billing Information				
Bill To: Environmental Quality	y Management	Contact Na	ame: Mark D	ouglas
Billing Address: 1800 Carillo	on Blvd			as@eqm.com
City: Cincinnati	State: OH	Zip: 45240		Phone: (513) 309-3062
III. Waste Stream Inform				
Name of Waste: Low Level	PCB contaminated Soil	the second	athin to	
Process Generating Waste	:			
CERCLA site clean up of a cre		aper mills. The creek	has been sar	mpled and divided into low
level PCB(<50 ppm) and high	level PCBs(>50 ppm).			
			- 10	
	OLID SEMI-SOLID			
Method of Shipment: ✓ B	ULK DRUM BAC	GGED OTHER:		
Estimated Annual Volume:	8,000	Tons		
Frequency: ONE TIM	IE ANNUAL			
Disposal Consideration: 🗸	LANDFILL SOLID	DIFICATION B	IOREMEDIA	ATION
IV. Representative Sam	ple Certification		□NO S	SAMPLE TAKEN
Is the representative sample of				The Reserve
analysis, collected in accordar equivalent rules?	nce with U.S. EPA 40 CFR 2	61.20(c) guidelines or	 ✓ YES	or NO
Comple Date: 9 20 11				
Sample Date: 8-30-11	Type of Sample: ✓ C	COMPOSITE SAMP	LE GR	AB SAMPLE

Page 2 of 2

				Waste Profile #			
. Physic	al Characteristics of	Waste					
Characteristic Components				% by Weight (range)			
1. Soil 90				0.000			
	ood, concrete, glass, plastic	c, PPE, Trash)	10	.000			
3.		the state of the s					
1.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Solor	Odor (describe)	Does Waste Contain Free Liquids?	% Solids	pH:	Flac	sh Point	
Brown	slight	Yes or No	100.00	5-10	>200 0		
Atta	ch Laboratory Analytica	l Report (and/or Material Safety De Required Parameters Provided)		uding Chain	of Custody		
loes this was	te or generating process cor			s and/or			
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and it epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or							
2,4,5-TP Silvex as defined in 40 CFR 261.33?						✓ No	
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm)						To Jack	
[reference 40 CFR 261.23(a)(5)]?					Yes or	✓ No	
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR							
Part 761?					Yes or	✓ No	
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32,					П	✓ No	
261.33, including RCRA F-Listed Solvents?					Yes or	₩ No	
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?					Yes or	✓ No	
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCCD), or any other dioxin as defined in 40 CFR 261.31?					☐ Yes or	✓ No	
						7	
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?					Yes or	No	
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?					☐ Yes or	No	
Is this waste a reactive or heat generating waste?					☐ Yes or	✓ No	
Does the waste contain sulfur or sulfur by-products?					Yes or		
Is this waste generated at a Federal Superfund Clean Up Site?					✓ Yes or	□No	
Is this waste from a TSD facility, TSD-like facility or waste consolidator?					Yes or	✓ No	
	ification						
The state of the s		wledge and belief, the information conta					
	the state of the s	sposal and all known or suspected haza		isclosed. All A	nalytical Res	ults/Mater	
arety Data S	neets submitted are truthful	and complete and are representative o	r the waste.				
further certif	v that by utilizing this profile	, neither I nor any other employee of the	company will de	liver for dispos	sal or attempt	to delive	
		as toxic waste, hazardous waste or infe		A STATE OF THE PARTY OF THE PAR			
		immediately give written notice of any cl					
		ully indemnify this disposal facility again					
naccurate or				4 00 00 00			
			and the				
further certif	y that the company has not	altered the form or content of this profile	sheet as provide	ed by Republic	Services Inc	· Tari	
5	1 = 2 = 0		110	COS			
1	AN DORRI	63	4.0.				
	Authorized Representative Na	me/Title (Type or Print)		Company Name			
_	3 - 65		11)-	21-1	1		
_	Authorized Represent	rative Signature	, 0	Date			